FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39973** **(3)**

1. Corporation Name

ORLANDO COGEN FUEL, INC.

Principal Place of Business	Mailing Address
8300 EXCHANGE DR. ORLANDO FL 32809	8300 EXCHANGE DR. ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/10/1992**	3a. Date of Last Report: **05/01/1994**

21 2. Principal Place of Business	26 2a. Mailing Address: **7201 Hamilton Boulevard**
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.: **Tax Department**
23 City & State	28 City & State: **Allentown, PA**
24 Zip / 25 Country	29 Zip: **18195** / 30 Country

4. FEI Number: **23-2684299** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM **1200 SOUTH PINE ISLAND ROAD** **PLANTATION FL 33324**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HINMAN, WAYNE A.	12 NAME	
STREET ADDRESS	4686 PARKVIEW DR. SO.	13 STREET ADDRESS	
CITY-ST-ZIP	EMMAUS PA	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	POWELL, CORNELIUS P.	22 NAME	
STREET ADDRESS	3831 LILAC ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	WHIRE, GERALD A.	32 NAME	
STREET ADDRESS	R.D. #1, BOX 51	33 STREET ADDRESS	
CITY ST ZIP	CENTER VALLEY PA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	Treasurer ☒ Change ☐ Addition
NAME	KELLY, DAVID H.	42 NAME	Daley, Leo J.
STREET ADDRESS	R.R. #3, STONESTHROW ROAD	43 STREET ADDRESS	7201 Hamilton Boulevard
CITY-ST-ZIP	BETHLEHEM PA 18015	44 CITY-ST-ZIP	Allentown, PA 18195
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	AGGER, JAMES H.	52 NAME	
STREET ADDRESS	2525 N. MAIN STREET	53 STREET ADDRESS	
CITY ST ZIP	BETHLEHEM PA	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LOVETT, J. R	62 NAME	
STREET ADDRESS	2830 LIBERTY ST	63 STREET ADDRESS	
CITY ST ZIP	ALLENTOWN PA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. P. Powell, Vice President - Taxes April 24, 1995 610-481-7598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068036 CP