# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P41134** **(8)**

1. Corporation Name

**POWER & ENERGY PROFESSIONALS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4619 EAST 10TH STREET<br>INDIANAPOLIS IN 46201 | 4619 EAST 10TH STREET<br>INDIANAPOLIS IN 46201 |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 10/22/1992 | 3a. Date of Last Report: 03/02/1995 |
| 4. FEI Number: 35-1808716 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 710 Oakfield Dr. | 26 Same |
| Suite, Apt. #, etc.: 22 254 (Suite) | Suite, Apt. #, etc.: 27 |
| City & State: 23 Brandon Florida | 28 |
| Zip: 24 33511 Country: 25 USA | Zip: 29 Country: 30 |

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

**9. Name and Address of Current Registered Agent**

EHRGOTT, RICHARD M.
2318 MARSEILLE COURT
VALRICO FL 33594

**10. Name and Address of New Registered Agent**

81 Name: Larry Wolfe
82 Street: 200 - A JohnKox Road
83
84 City: Tallahassee FL 85 Zip Code: 32303-6643

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: see attachment. DATE:

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PCD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | EHRGOTT, RICHARD M. | | 1.2 NAME | | |
| STREET ADDRESS | 2318 MARSEILLE COURT | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VALRICO FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VCD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | NICHOLSON, BRUCE | | 2.2 NAME | | |
| STREET ADDRESS | #9 DAWDY | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BLESSING TX | | 2.4 CITY-ST-ZIP | | |
| T | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | NICHOLSON, BRUCE | | 3.2 NAME | | |
| STREET ADDRESS | #9 DAWDY | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BLESSING TX | | 3.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TULLMAN, ROBERT | | 4.2 NAME | | |
| STREET ADDRESS | 2318 MARSEILLE CT | | 4.3 STREET ADDRESS | 5113 Twin Creeks Rd. | |
| CITY-ST-ZIP | VALRICO FL | | 4.4 CITY-ST-ZIP | Valrico, FL 33594 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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.

813 684 8334

**SIGNATURE:** ROBERT. M. TULLMAN 11 APR 96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #