


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90039 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P41134

1. Corporation Name
POWER & ENERGY PROFESSIONALS, INC.



Principal Place of Business 710 OAKFIELD DR. 254 BRANDON FL 35114-54 US	Mailing Address 710 OAKFIELD DRIVE STE 254 BRANDON FL 33511-954 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1992	
21		26	PO BOX	4. FEI Number 35-1808716	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State SCHENECTADY, NY		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	12301-2216	30	US

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WOLFE, LARRY 200 A JOHN KNOX RD. TALLAHASSEE FL 33594		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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRALLE, STEVEN W	1.2 NAME	RICHARD M. EHRGOTT
STREET ADDRESS	4711-S HIMES AVENUE, #507	1.3 STREET ADDRESS	710 OAKFIELD DRIVE
CITY-ST-ZIP	TAMPA FL 33611	1.4 CITY-ST-ZIP	BRANDON, FLORIDA 33511
TITLE	PCD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP, SEC. & TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TULLMAN, ROBERT	2.2 NAME	RICHARD D. GOLLIHER
STREET ADDRESS	5113 TWIN CREEKS RD.	2.3 STREET ADDRESS	140 NORTH MAIN STREET
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	SUMMERVILLE, SC 29494
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	ASST. TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MARK D. LIGHTSEY
STREET ADDRESS		3.3 STREET ADDRESS	710 OAKFIELD DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BRANDON, FLORIDA 33511
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JACK L. LAMBERT
STREET ADDRESS		4.3 STREET ADDRESS	140 NORTH MAIN STREET
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SUMMERVILLE, SC 29484
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ROBERT M. TULLMAN
STREET ADDRESS		5.3 STREET ADDRESS	710 OAKFIELD DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BRANDON, FLORIDA 33511
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V/AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	BUCHANAN, MARK E
STREET ADDRESS		6.3 STREET ADDRESS	12 CORPORATE WOODS BLVD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ALBANY, NY

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

Daytime Phone #

CR2E034 (11/98)