

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 9:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000018612 (0)

1. Corporation Name

ENERGY SMART CORPORATION

Principal Place of Business

**535 EAST TEN MILE RD.
PENSACOLA FL 32514**

Mailing Address

**535 EAST TEN MILE RD.
PENSACOLA FL 32514**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3195677

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 759 E. TEN MILE RD.

Suite, Apt. #, etc.

2a. Mailing Address

26 759 E. TEN MILE RD.

Suite, Apt. #, etc.

City & State

23 PENSACOLA, FL

City & State

28 PENSACOLA, FL

Zip

24 32514

Country

25 US

Zip

29 32514

Country

30 US

9. Name and Address of Current Registered Agent

**RUSSELL, PHILIP L
535 EAST 10 MILE RD.
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

759 E. TEN MILE RD.

83

84 City

SAME

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 agent 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 date of appointment

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUSSELL, PHILIP L
STREET ADDRESS	535 E. TEN MILE RD.
CITY, ST, ZIP	PENSACOLA FL 32514
TITLE	D
NAME	RUSSELL, ANITA F
STREET ADDRESS	535 E. TEN MILE RD.
CITY, ST, ZIP	PENSACOLA FL 32514
TITLE	D
NAME	DONOVAN, MICHAEL J
STREET ADDRESS	535 E. TEN MILE RD.
CITY, ST, ZIP	PENSACOLA FL 32514
TITLE	D
NAME	ABBOTT, MIKE
STREET ADDRESS	535 E. TEN MILE RD.
CITY, ST, ZIP	PENSACOLA FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	DELETE
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	DELETE
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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 this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP LEE RUSSELL

4/24/95

904 477-9789

DATE

TELEPHONE