03-16-1999 90153 046 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P93000065674

1. Corporation Name

ENERGY	SERVICES, INC.									
Principal Place	Mailing Address	-				ALOGEN HOUSE COME	Bildi dirin dilii id	<b>i i</b> i i i i i i i i i i i i i i i i i		
7820 N 56TH S		7820 N 56TH ST	<u>-</u>							
SUITE B SUITE B						1				
TAMPA FL 33617 TAMPA FL 33617						SPACE				
						3. Date Incorporated or Quali	ad			
						09/16/1993				
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address				_	App	lied For	
21		26						Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				d 🗇	≂~\$8:75-ad		_
22		27	27				<u> </u>	Fee Req	uired	
City & State	e	City & State	City & State			6. Election Campaign Finance	ing	\$5.00 N	May Be	
23		28			Trust Fund Contribution		Added to	Fees		
Zip	Country	Zip	Zip Country			8. This corporation owes the	current year Inf		_	
24	25 29 30					. Personal Property Tax.		Yes [	□No	
Name and Address of Current Registered Agent				Γ,		10. Name and Address of Ne	<u>Registered</u>	Agent		
				81	Name					
SAFARIK, CHARLES R				82	Street Ad	dress (P.O. Box Number is Not Acc	entable)			
7820 N 56TH ST				"	Ollectina	uress (1.0. box itumber to Norvice	оршило		-	
TAMPA FL 33617				83						
				Ш			_			
				84	84 City FL 85 Zip Co					
11 Pursuant	to the provisions of Sections 607.050.	2 and 607.1508. Florida Statu	ites, the a	ll bove	e-named co	rporation submits this statement for	the purpose of	changing its r	egistered	
office or n	egistered agent or both in the State.	of Florida, Such change was	authorized	i bv i	tne corpora	tion's board of directors. I hereby a	scept the appoi	intment as regi	istered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, FI	iorida Stati	utes.						
SIGNATURE	Signature, typed or printed name of registered ager	ot and title if applicable (NOT	F: Renistered	Anen	t signature regu	ired when reinstating)	DATE		ì	ب
12.			13.	-igui	. 0.9. 0.0.0 7040	ADDITIONS/CHANGES TO	OFFICERS AI	ND DIRECTOR	RS IN 12	ζ
TITLE				TLE				Change	Addition	7
NAME	SAFARIK, CHARLES R.	<del></del>								-
					ADDRESS					-{
STREET ADDRESS									ľ	Ş
CITY-ST-ZIP	TAMPA FL 33617			TY-S1	1-ZIP			Change	Addition	ł
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NAME	3		2.2 N						İ	
STREET ADDRESS	t en		8	2.3 STREET ADDRESS					ł	
CITY-ST-ZIP				4 CITY-ST-ZIP			<del> </del>	Change	Addition	
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NAME		3.2 N		AME						
STREET ADDRESS	3.3 \$		REET	ADDRESS						
CITY-ST-ZIP	<u></u>	3.A. C		HY-S	T-ZIP					ı
TITLE		☐ DELETE	4.1 TI	TLE		•		Change	☐ Addition	ı
NAME	4.21		AME		•			ļ	ı	
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CITY-ST-ZIP		4.4 Ci	TY-S1	r-ZIP				\	i	
		☐ DELETE		1 TITLE				Change	☐ Addition	ı
NAME			5.2 N							ı

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 suppliemental 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, open an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

tme

NAME

RECRISION

DELETE

Change

Addition