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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

	1990	DIVISION	LOF CORPOR	II AII	ONS				
DOCUMENT # P93000066509 (9)									
	ERGY GENERATION SOLU	ITIONS, INC.							
						1 1141/1881 114 (6164 HIN) BEH			1 61 86
Deirectoral	Diago of Duringer		···						
Principal Place of Business Mailing Address 606 14TH AVENUE NE 606 14TH AVENUE NE								****	
ST PETERSBURG FL 33701 ST PETERSBURG FL 337									
						3. Date Incorporated or Qualified	1. 6.		
L						09/20/1993		a. Date of Last Report 01/13/1995	
r. 1	al Place of Business	2a. Mailing Address	լ էր			4. FEI Number		1	Applied For
21 Suite	Apt. #, etc.	Suite Act # ate				59-3218706			Not Applicable
22	7490 #1 GIO.	Suite, Apt. #, etc				5. Certificate of Status Desired			.75 Additional ee Required
City &						6. Election Campaign Financing			5.00 May Be
23	···-	28	····			Trust Fund Contribution		Ac	dded to Fees
Zip 24	Country Zip 25 29		Cou	Country		8. This corporation has liability for i		ax unde	ers 199.032,
L-11	g. Name and Address of C		[30]	Ι		Florida Statutes Yes 10. Name and Address of New R	No	Agent	
				81	Name				
COFFIN, ERIC H				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
606 14TH AVENUE NE ST PETERSBURG FL 33701				83			·		
011	ETEROPORO PE 30/01			63	ĺ				
				84	City		FI	85	Zip Code
11. Purs.	lant to the provisions of Sections 607	.0502 and 607.1508, Florida Sta	tutes, the abo	₩-F	named corpora	ation submits this statement for the pur	pose of ch	anging i	its registered office
famil-	ar with, and accept the obligations of	i Fiorida. Such change was authi , Section 607.0505, Florida Statu	orized by the c ites.	orpi	oration's board	ation submits this statement for the pur d of directors. I hereby accept the appo	pintment as	registe	ered agent. I am
S'GNATU									
12.		S AND DIRECTORS	(NOTE: Registered	Agen	it signature required	when reinstating: ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIDEC	OTODO IN 10
TIFLE	P	☐ DELETE	1.11	TLE		ADDITIONS/OFFINGES TO OFFI		Chang	
NAME	COFFIN, ERIC H		1.2 NA	ME					_
STREET ADDR	OT DETE EL 00704		1.3 ST	REEI	ADORESS				
CHY-S1-ZIE THLE	S	□ DELETE	1.4 CI		T-ZIP				
NAME	COFFIN, CRISTINA W		2 1 TI 22 NA				Ĺ	Chang	ge 🔲 Addition
S'RÉET ADOR					ADDRESS				
CHY ST ZIF	ST PETE FL 33701		2401						
TITLE		☐ DELETE	. 3 1 Ti					Chang	ge 🔲 Addition
NAME STREET MORE	steri		3 2 NA						
STREET ADD: City - St - 7iz					ADDRESS				
TILE		DELFTE	3.4.0(1 4. 1.1()		1-217		Г	Chang	ge Addition
NAME			4.2 NA					-1	- C Monton
STREET ADDR	ESS		4 3 STI	REET .	ADORESS				
CHY-SI-ZIP		F1 pr	4 4 CIT		[-Z P				
TITLE NAME		☐ DELETE	5 1 117				Ţ	Chang	ge 🔲 Addition
STREET ADDR	FSS		5.2 NA 5.3 ST		AUDDECC				į
CITY - S* - 719	i		5.3 S I		ADDRESS I - 71P				
THILE		☐ DELETE	6 1 111					Chang	ge 🔲 Addition
NAME			6.2 NA	HE			_	_ •	_

14. It 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 an address.

6.2 NAME

6 3 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE: ALL H CALLES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

2/19/96 (8/3) 822-0385-