FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000067413 (3)**

1. Corporate Name

DESIGN POWER, INC.

Principal Place of Business	Mailing Address
144 LINE DR N APOPKA FL 32703	144 LINE DR N APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/28/1993**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or Bldg. — 22

Suite, Apt. # or Bldg. — 27

City & State — 23

City & State — 28

Zip — 24

County — 25

Zip — 29

Country — 30

4. FEI Number: **59-3204433** ☐ 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

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

9. Name and Address of Current Registered Agent

POWERS, RICHARD L
144 LINE DR N
APOPKA FL 32703

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1908, 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: _____ (If changing Registered Agent, this signature must be that of the new Registered Agent) DATE

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: POWERS, RICHARD L
STREET ADDRESS: 144 LINE DR N
CITY-ST-ZIP: APOPKA FL 32703

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN '95

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

65 TITLE ☐ Change ☐ Addition
66 NAME
67 STREET ADDRESS
68 CITY-ST-ZIP

69 TITLE ☐ Change ☐ Addition
70 NAME
71 STREET ADDRESS
72 CITY-ST-ZIP

73 TITLE ☐ Change ☐ Addition
74 NAME
75 STREET ADDRESS
76 CITY-ST-ZIP

77 TITLE ☐ Change ☐ Addition
78 NAME
79 STREET ADDRESS
80 CITY-ST-ZIP

14. I declare, I 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 (changed) or on an attachment with an address.

SIGNATURE: _____ RICHARD POWERS
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

27 April 95
Date

0036400 CP