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 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000073358 (2)**

1. Corporate Name
KNOCK OUT POWER, INC.

Principal Place of Business	Mailing Address
5517 COMMERCE DRIVE ORLANDO FL 32839	17458 SANDHILL ROAD WINTER GARDEN FL 34787-9344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1993**
3a. Date of Last Report: **04/12/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
County — 25:
Zip — 29:
County — 30:

4. FEI Number: **59-3210050** ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FORD, FOREST L
17458 SANDHILL ROAD
WINTER GARDEN FL 34787-9344

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 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☐ Change ☐ Addition
NAME	CURRIE, SHARON S	12 NAME		
STREET ADDRESS	5517 COMMERCE DR.	13 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	OVERLY, PARTICK	22 NAME	Hines, Jennifer D	
STREET ADDRESS	5517 COMMERCE DR.	23 STREET ADDRESS	5517 Commerce Dr.	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	Orlando, FL 32839	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	OVERLY, JENNIFER D	32 NAME	Overly, Patrick	
STREET ADDRESS	5517 COMMERCE DR.	33 STREET ADDRESS	5517 Commerce Dr	
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	Orlando, FL 32839	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	FORD, FOREST L	42 NAME		
STREET ADDRESS	17458 SANDHILL ROAD	43 STREET ADDRESS		
CITY ST ZIP	WINTER GARDEN FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	OVERLY, JAMES P	52 NAME		
STREET ADDRESS	5517 COMMERCE DR.	53 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	OVERLY, SHARON K	62 NAME		
STREET ADDRESS	5517 COMMERCE DR.	63 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	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)(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.

SIGNATURE: Forest L. Ford (S) *Forest L Ford* 2/24/95 407-877-8045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0078140 CF