

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

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000026735 (8)**

1. Corporation Name

CONSOLIDATED POWER & MINERALS, INC.

Principal Place of Business

**1616 SOUTH 14TH STREET
LEESBURG FL 34749**

Mailing Address

**1616 SOUTH 14TH STREET
LEESBURG FL 34748-6901**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DARNELL, W. REID
1616 SOUTH 14TH STREET
LEESBURG FL 34749**

3. Date Incorporated or Qualified

04/07/1984

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3233754

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

CONFOL.

10. Name and Address of New Registered Agent

RETURN

81 Name

GREGG, F. BROWNE

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

1616 S 14TH STREET

83

84 City

LEESBURG

FL

85 Zip Code

34748

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

[Signature]
Signature typed or printed name of registered agent, if applicable.

F. BROWNE GREGG, CHMN

4/22/97

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PDC
GREGG, F. BROWNE**
STREET ADDRESS **1616 SOUTH 14TH STREET**
CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ DELETE

NAME **ST
DARNELL, W R**
STREET ADDRESS **1616 S 14TH STREET**
CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ DELETE

NAME **V
FINGER, BILL H**
STREET ADDRESS **1616 S 14TH STREET**
CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ DELETE

NAME **V
SIMPSON, III S RANDOLP**
STREET ADDRESS **1616 S 14TH STREET**
CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5

SIMPSON, III S RANDOLPH

**T
JONES, GARY L
1616 S 14TH STREET
LEESBURG FL**

14. I do 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 352 287 0608
Date Daytime Phone

CR2E034 (9/96)