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

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 27 1998 8:00am Secretary of State

DOCUMENT # P94000035226 (7)							
THE POWER GROUP, INC.							
INE PC	MACH OU	IOUP, ING				4 NORTH CO. 110 (Stat. Class. Class. Co. 11	
Principal Place of Business Mailing Ad				Address			
'				DI I/D			
2146 MCGREGOR BLVD 2146 MCGREGOR FT MYERS FL 33901 FT MYERS FL 33							
			- •			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
Delevis all D	lana of Duni		A Mailine Address			05/10/1994 4. FEt Number Applied For	
2. Principal Place of Business			2a. Mailing Address		•		
21 Suite, Apt.	#. etc.		Suite, Apt. #, etc		·····	CQ 75 And 400 and	
22	, 2		27			5. Certificate of Status Desired Fee Required	
l City & State	θ		City & State			6. Election Campaign Financing \$5.00 May Be	
23 28						Trust Fund Contribution Added to Fees	
I Zip	p Country		Zip	Zip Coun		8. This corporation owes or has paid the current year intangible	
24	25 29 30			30		Personal Property Tax due June 30. Yes No	
	<u> </u>		rent Registered Agent		81 Name	10. Name and Address of New Registered Agent	
MITCHUSSON, IMOTHY M							
1100 5TH AVE S					82 Street Address (P.O. Box Number is Not Acceptable)		
	TE 409				83		
NAPLES FL 33940					63		
					84 City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-name					 hove-named.com		
l office or n	egistered ac	gent, or both, in the Sta	ate of Florida. Such change value of Florida. Such change value of Florida.	was authorize	ed by the corpora	ation's board of directors. I hereby accept the appointment as registered	
-	m t a miliar w	ith, and accept the ob	ligations of, Section 607.050	o, Fiorida Sta	nules.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Register					ed Agent signature requ	uired when reinstating) DATE	
12.		OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD DELETE		1.1.1	ITLE	☐ Change ☐ Addition		
NAME	POWER, MELINDA J			1.2 N	IAME		
STREET ADDRESS				1.3 5	TREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923				ITY-ST-ZIP		
TITLE	VTD		☐ DELETE	2.1 T	TITLE	Change Addition	
NAME		, PATRICK G		2.2 N	IAME		
STREET ADDRESS		REENFLOWER CIR	_	2.3 \$	TREET ADDRESS		
CITY-ST-ZIP	BONITA	SPRINGS FL 3392	3 DELETE		CITY-ST-ZIP	Change T Eddition	
TITLE			L_ DELETE	E 3.1 TITLE 3.2 NAME		Change Addition	
NAME OTOTET ADDRESS	DECC.			- 8			
STREET ADDRESS	· · · ·]				TREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE				CITY-ST-ZIP	Change Addition	
NAME				4. 2 NAME		build 4 miles	
STREET ADDRESS	ESS			4.3 STREET ADORESS			
CITY-ST-ZIP					ITY-ST-ZIP		
TITLE	DELETE				☐ Change ☐ Addition		
NAME			5.2 N	IAME			
STREET ADDRESS	ADDRESS				TREET ADDRESS		
CITY-ST-ZIP	ļ l				ITY-ST-ZIP		
TITLE			☐ DELETE			☐ Change ☐ Addition	
NAME				6.2 N	AME		
STREET ADDRESS				638	TREET ADDRESS		
					FTY-ST-ZIP		
14. I hereby o	ertify that th	e information supplied	with this filing does not qua	lify for the ex	emetico stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the information	

indicated on this annual report or supplemental annual report is frue and accurate and that mysignature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the preciser 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 adactorent with an address.

941-332-0646