

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000049272 (5)

1. Corporation Name

W.R.B. COGENERATION (NEWARK), INC.



Principal Place of Business

1414 SWANN AVE.
SUITE 201
TAMPA FL 33606

Mailing Address

1414 SWANN AVE.
SUITE 201
TAMPA FL 33606

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BLANCHARD, G. ROBERT
1414 SWANN AVE.
SUITE 201
TAMPA FL 33606

3. Date Incorporated or Qualified

06/30/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0524569

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

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

Signature typed or printed name of registered agent at the address above

(NOTE: Registered Agent Signature Required when new agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

BLANCHARD, G. ROBERT

STREET ADDRESS

1414 SWANN AVE., STE. 201

CITY - ST - ZIP

TAMPA FL

TITLE

VSD

☐ DELETE

NAME

BLANCHARD, G. ROBERT JR.

STREET ADDRESS

1414 SWANN AVE., STE. 201

CITY - ST - ZIP

TAMPA FL

TITLE

VD

☐ DELETE

NAME

BLANCHARD, WILLIAM M

STREET ADDRESS

1414 SWANN AVE., STE. 201

CITY - ST - ZIP

TAMPA FL

TITLE

VTD

☐ DELETE

NAME

HARRIS, MALCOLM C

STREET ADDRESS

1414 SWANN AVE., STE. 201

CITY - ST - ZIP

TAMPA 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

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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)(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.

SIGNATURE: Malcolm C. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(813) 251-3737

CR2E034 (12/95)