

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 # **P94000067444 (7)**

1. Corporation Name
POWERLININGS INTERNATIONAL, INC.



Principal Place of Business
**3716 EWELL RD
LAKELAND FL 33811
US**

Mailing Address
**3716 EWELL RD
LAKELAND FL 33811
US**

3. Date Incorporated or Qualified **09/02/1994** 3a. Date of Last Report **04/13/1995**

2. Principal Place of Business
21 **6325 Oakview Lane**

2a. Mailing Address
26 **6325 Oakview Lane**

4. FEI Number **59-3270131** Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **Lakeland, FL**

28 **Lakeland, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33811** 25 **US**

29 **33811** 30 **US**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARLEY, VERNON L
4600 BAILEY RD.
MULBERRY FL 33860**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARLEY, VERNON L	
STREET ADDRESS	4600 BAILEY RD.	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOUTWELL, STEPHEN G	
STREET ADDRESS	3716 EWELL RD.	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Barley, Vernon L.	
1.3 STREET ADDRESS	4600 Bailey Rd.	
1.4 CITY-ST-ZIP	Mulberry, FL 33860	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Boutwell, Stephen G.	
2.3 STREET ADDRESS	6325 Oakview Lane	
2.4 CITY-ST-ZIP	Lakeland, FL 33811	
3.1 TITLE	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carmen Barley	
3.3 STREET ADDRESS	4600 Bailey Rd.	
3.4 CITY-ST-ZIP	Mulberry, FL 33860	
4.1 TITLE	AV/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cathy E. Boutwell	
4.3 STREET ADDRESS	6325 Oakview Lane	
4.4 CITY-ST-ZIP	Lakeland, FL 33811	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: *Cathy E. Boutwell* Asst. V-P. **CATHY E. Boutwell** 5/2/96 (941) 644-7060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (12/95)