

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY 16 AM 8:15

DOCUMENT # P94000089386 (4)

1. Corporation Name

ENERGY & ENGINEERING CONSULTANTS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3113 LAWTON ROAD  
SUITE 130  
ORLANDO FL 32803-3519

Mailing Address

3113 LAWTON ROAD  
SUITE 130  
ORLANDO FL 32803-3519

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1994

3a. Date of Last Report

2. Principal Place of Business

21. Suite Apt # etc.

22. City & State

23. Country

2a. Mailing Address

25. Suite Apt # etc.

26. City & State

28. Country

4. FEI Number

CIN 59-3297732

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 intangibles 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

ALONSO, FRANK  
3113 LAWTON ROAD  
SUITE 130  
ORLANDO FL 32803-3519

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 607.06(1) 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, thereby affirming the appointment as registered agent. I am hereby affirming and accepting the appointment of the above named Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| NAME | STREET ADDRESS | CITY | STATE | ZIP |
|------|----------------|------|-------|-----|
| NAME | STREET ADDRESS | CITY | STATE | ZIP |
| NAME | STREET ADDRESS | CITY | STATE | ZIP |
| NAME | STREET ADDRESS | CITY | STATE | ZIP |
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| NAME | STREET ADDRESS | CITY | STATE | ZIP |
| NAME | STREET ADDRESS | CITY | STATE | ZIP |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

| NAME | STREET ADDRESS | CITY | STATE | ZIP | Change                   | Addition                            |
|------|----------------|------|-------|-----|--------------------------|-------------------------------------|
| NAME | STREET ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| NAME | STREET ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| NAME | STREET ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| NAME | STREET ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| NAME | STREET ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| NAME | STREET ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| NAME | STREET ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| NAME | STREET ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| NAME | STREET ADDRESS | CITY | STATE | ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Sections 199.03(1)(b), Florida Statutes. I further certify that the information included 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 registered agent or both registered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE:

FRANK ALONSO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95

407/895-7000