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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000027987 (3)

1. Corporation Name

KILOWATT TECHNOLOGIES, INC.



Principal Place of Business

5100 N. TAMiami TR., SUITE 105-8  
NAPLES FL 33940

Mailing Address

5100 N. TAMiami TR., SUITE 105-8  
NAPLES FL 33940

3. Date Incorporated or Qualified  
04/03/1995

3a. Date of Last Report  
NONE

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0571425

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip 34103

Country

Zip 34103

Country

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

HACKETT, STEVEN P  
5100 N. TAMiami TR., SUITE 105-8  
NAPLES FL 33940

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 or officer or director

Signature typed or printed name of registered agent or officer or director

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME HACKETT, STEVEN P  
STREET ADDRESS 5100 N. TAMiami TR., SUITE 105-8  
CITY-ST-ZIP NAPLES FL 33940

TITLE D ☒ DELETE  
NAME ESSIG, JOHN R  
STREET ADDRESS 5100 N. TAMiami TR., SUITE 105-8  
CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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. TITLE Director ☐ Change ☒ Addition  
12. NAME JOSEPH F. HACKETT  
13. STREET ADDRESS 1100 GULF SHORE BLVD., #107  
14. CITY-ST-ZIP NAPLES, FL 34102

2. TITLE ☐ Change ☐ Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition  
62. NAME  
63. STREET ADDRESS  
64. 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:

Steven P. Hackett

STEVEN P. HACKETT

7-10-96 (941)649 7007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/State/Phone #

CR2E034 (12/95)