

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

FILED  
Feb 23 1996 8:00 am  
Secretary of State

DOCUMENT # P95000033276 (3)

1. Corporation Name

PEOPLE POWER, INC.



Principal Place of Business

4149 SETON CIRCLE  
PALM HARBOR FL 34683

Mailing Address

4149 SETON CIRCLE  
PALM HARBOR FL 34683

3. Date Incorporated or Qualified  
04/28/1995

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21 5617 E. ADAMO DR.

26 5617 E. ADAMO DR.

4. FEI Number

59-3312182

Applied For

Not Applicable

22 Suite, Apt. #, etc.

22 Suite #3

27 Suite, Apt. #, etc.

27 Suite #3

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

23 Tampa FL

28 City & State

28 Tampa FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

24 33619

25 Country

25 Hillsborough

29 Zip

29 33619

30 Country

30 Hillsborough

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

9. Name and Address of Current Registered Agent

MCCORMACK, MIKE  
4149 SETON CIRCLE  
PALM HARBOR FL 34683

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

Michael W. M' Cormack

Michael W. M' Cormack

2/20/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
MCCORMACK, MIKE  
STREET ADDRESS 4149 SETON CIRCLE  
CITY- ST- ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE

NAME D  
DYN, TIM  
STREET ADDRESS 4149 SETON CIRCLE  
CITY- ST- ZIP PALM HARBOR FL 34683

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

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

2. 1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

2407 CYPRESS POND RD.  
Palm Harbor FL 34683

3. 1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4. 1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5. 1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6. 1 TITLE ☐ Change ☐ 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:

Michael W. M' Cormack

Michael W. M' Cormack

2/20/96

Date

CR2E034 (12/95)