

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 DEC 30 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 9600

DOCUMENT # P95000037817 (0)

1. Corporation Name

PREMIER POWER SWEEPING OF MARTIN COUNTY, INC.

Principal Place of Business

Mailing Address

19098 BRYANT DRIVE S.E.
TEQUESTA FL 33469

19098 BRYANT DRIVE S.E.
TEQUESTA FL 33469

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORBES, PHILIP H ESO

222 U.S. HIGHWAY ONE, SUITE 202

TEQUESTA FL 33469

01 Name

02 Street Address (If different from above, acceptable)

11302 PROSPERITY FARMS RD

03

STE 227
PALM BEACH GARDENS, FL 33410

04 City

FL

05 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

12/21/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D

CARON, JUDITH A
19098 BRYANT DRIVE S.E.
TEQUESTA FL 33469

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

[REDACTED]

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

[REDACTED]

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D DEWYSE HAROLD M.
19098 Bryant dr
TEQUESTA FL. 33469

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

[REDACTED]

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

[REDACTED]

DELETE

6.1 TITLE
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/96

Date

561-744-2646

Daytime Phone