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FILED

Feb 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000055393 (9)

1. Corporation Name

POWER PROPERTIES OF CENTRAL FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1995

4. FEI Number

59-3382900

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1035 Pine Hollow Point DR
Suite, Apt. #, etc.

22 City & State

23 Altamonte Springs FL
Zip Country

24 32714

25 USA

2a. Mailing Address

26 1035 Pine Hollow Point DR
Suite, Apt. #, etc.

27 City & State

28 Altamonte Springs FL
Zip Country

29 32714

30 USA

9. Name and Address of Current Registered Agent

PARRIS, ROBEERT W.
499 SR 434
SUITE 1053
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1035 Pine Hollow Point DR

83

84 City

Altamonte Springs

FL

85 Zip Code

32714

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

TITLE P/S ☐ DELETE

NAME PARRIS, ROBERT W
STREET ADDRESS 499 SR 434, SUITE 1053
CITY - ST - ZIP ALTAMONTE SPRINGS FL 32714

TITLE S/T ☐ DELETE

NAME PARRIS, KAREN L
STREET ADDRESS 499 SR 434, SUITE 1053
CITY - ST - ZIP ALTAMONTE SPRINGS FL 32714

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 1035 Pine Hollow Point DR

1.4 CITY - ST - ZIP Altamonte Springs FL 32714

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1035 Pine Hollow Point DR

2.4 CITY - ST - ZIP Altamonte Springs FL 32714

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, on an attachment with my address.

SIGNATURE

[Signature]

1-13-98 412-2241900

CR2E034 (10/97)