

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

DOCUMENT # P95000078585 (3)

1. Corporation Name

ENERGY EXPERTS, INC.



Principal Place of Business

9793 ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

Mailing Address

9793 ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

3. Date Incorporated or Qualified

10/13/1995

3a. Date of Last Report

new

2. Principal Place of Business

2a. Mailing Address

21 9521 Orange Blossom

26 TRAIL (same)

4. FEI Number

59-3341902

Applied For

Not Applicable

22 St. 116

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Orlando FL

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32837

25 USA

29

30

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

WOLCOTT, JED R
1451 W CYPRESS CREEK RD.
SUITE 210
FT. LAUDERDALE FL 33309

81 Name

SHAWNEE M. BIERNAT

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

4451 S.W. BOAT RAMP AVE 34990

83 City

Palm City Farms, FL

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 SHAWNEE M. BIERNAT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Shawnee M. Biernat 2-7-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME BIERNAT, THOMAS F.
STREET ADDRESS 4451 S.W. BOAT RAMP AVE.
CITY-ST-ZIP PALM CITY FARMS FL 33334

TITLE D ☒ DELETE
NAME BIERNAT, SHAWNEE M
STREET ADDRESS 4451 S.W. BOAT RAMP AVE.
CITY-ST-ZIP PALM CITY FARMS FL 33334

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

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

Biernat, Thomas F. ☒ Change ☐ Addition
4451 S.W. BOAT RAMP AVE
PALM CITY FARMS, FL 34990

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

Biernat, SHAWNEE M. ☒ Change ☐ Addition
4451 S.W. BOAT RAMP AVE
PALM CITY FARMS, FL 34990

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Shawnee Biernat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96 407-287-4415
Date Daytime Phone

CR2E034 (12/95)