

**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. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000081321 (8)**

1. Corporation Name

**SOLAR POWER, INC.**

Principal Place of Business

Mailing Address

7190 SIX GUN CT.  
ST. CLOUD FL 34771

7190 SIX GUN CT.  
ST. CLOUD FL 34771



2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

25 Zip

26 Country

27 Zip

28 City & State

29 Zip

30 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

29 Country

30 Zip

31 Name

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

33

34 City

35 Zip Code

3. Date Incorporated or Qualified

**10/23/1995**

3a. Date of Last Report

4. FEI Number

**Appld Fer Inc.**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75**

Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00**

May Be Added to Fees

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

**MANCINI, MINDY L**

**7190 SIX GUN CT.**

**ST. CLOUD FL 34771**

10. Name and Address of New Registered Agent

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 and title (if applicable)

NOTE: Registered Agent's signature required when re-appointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Daniel J. Mancini**  DELETE  
NAME **President**  
STREET ADDRESS **7190 Six Gun Ct.**  
CITY-ST-ZIP **St. Cloud FL 34771**

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

TITLE **Vice President**  DELETE  
NAME **Mindy Mancini**  
STREET ADDRESS **7190 Six Gun Ct.**  
CITY-ST-ZIP **St. Cloud, FL 34771**

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **1000001918751**  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
-08/12/96--01019--009  
\*\*\*225.00

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 119, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Daniel J. Mancini*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)