## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P9600062291 (5)

## FLORIDA ENERGY RESOURCE CORPORATION

Principal Place of Business Mailing Address 4011 OLD NINE FOOT ROAD PO BOX 7 WINTER HAVEN FL 33880 EAGLE LAKE FL 33839-0007 3. Date Incorporated or Qualified 3a. Date of Last Report 07/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent 30 24 25 29 9. Name and Address of Current Registered Agent 81 ROUNTREE, ROSEMARIE KEVIN J. GUENTHER 620 DUNDEE RD O. Box Number is Not Acceptable)
SPIRIT LAKE RD, SUITE 109 82 Street Ad SUITE A 83 DUNDEE FL 33838 33880 84 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. 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submi SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE ☐ Change TITLE 1.1 TITLE Kevin J. Guenther NAME 1.2 NAME STREET ADDRESS 4011 old Nine foot Rd. 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CiTY-ST-7IP Change Addition TITLE 21 TITLE Joseph P. Pon NAME 2.2 NAME Areo SE STREET ADDRESS 2.3 STREET ADDRESS Florida 3 CITY-ST-ZIP 2 4 CITY-ST-ZIP L Change Addition TITLE 3.1 TITLE men Tressure NAME 32 NAME Teresa Guartha STREET ADDRESS **3 3 STREET ADDRESS** 4011 old Nine foot Rd. 3 4. CITY-ST-ZIP CITY-ST-ZIP TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.9 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition

14. I do 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, or on an attachment with an address.

63 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME