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**Jun 04 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000062291 (5)
1. Corporation Name
FLORIDA ENERGY RESOURCE CORPORATION



Principal Place of Business
**4011 OLD NINE FOOT ROAD
WINTER HAVEN FL 33880**

Mailing Address
**PO BOX 7
EAGLE LAKE FL 33839-0007**

3. Date Incorporated or Qualified
07/23/1996

3a. Date of Last Report
N/A

4. FEI Number
59-3393156

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. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent
* **ROUNTREE, ROSEMARIE
620 DUNDEE RD
SUITE A
DUNDEE FL 33838**

10. Name and Address of New Registered Agent
81 Name **KEYVIN J. GUENTHER**
82 Street Address (P.O. Box Number is Not Acceptable)
1102 SPIRIT LAKE RD, SUITE 109
83
84 City **WINTER HAVEN FL** 85 Zip Code **33880**

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 *K-J Guenther* **President** DATE **3-20-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President <input type="checkbox"/> DELETE
NAME	Kevin J. Guenther
STREET ADDRESS	4011 Old Nine Foot Rd.
CITY-ST-ZIP	Winter Haven Florida 33880
TITLE	Vice President <input type="checkbox"/> DELETE
NAME	Joseph D. Powell
STREET ADDRESS	675 Ave O S.E.
CITY-ST-ZIP	Winter Haven Florida 33881
TITLE	Secretary/Treasurer <input type="checkbox"/> DELETE
NAME	Teresa Guenther
STREET ADDRESS	4011 Old Nine Foot Rd.
CITY-ST-ZIP	Winter Haven Florida 33880
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E034 (9/96)