

FILED
May 17, 1999 8:00 am
Secretary of State

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FLORIDA
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

NORTH FLORIDA Powerchutes, Inc

Principal Place of Business

2625th Blanding Blvd
Middleburg FL
Ste 119 32068

Mailing Address

1981 Cornell Rd
Middleburg FL
32068-5105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 2620th Blanding Blvd
Suite, Apt. #, etc. 119

2a. Mailing Address

26 1981 Cornell Rd
Suite, Apt. #, etc.

4. FEI Number

59-3429034

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 owes the current year Intangible
Personal Property Tax. Yes No

22 City & State

23 Middleburg FL

27 City & State

28 Middleburg FL

24 Zip

25 32068

Country

26 US

29 Zip

30 32068

Country

31 US

9. Name and Address of Current Registered Agent

Richard M. Kimbrell
1981 Cornell Rd
Middleburg FL 32068

10. Name and Address of New Registered Agent

81 Name Michelle R. Kimbrell
82 Street Address (P.O. Box Number is Not Acceptable) 1981 Cornell Rd
83
84 City Middleburg FL 85 Zip Code 32068

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 Michelle R. Kimbrell

(NOTE: Registered Agent signature required when reinstating)

4-30-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	President / Director	<input checked="" type="checkbox"/> DELETE
NAME	Richard M. Kimbrell	
STREET ADDRESS	1981 Cornell Rd	
CITY-ST-ZIP	Middleburg FL 32068	
TITLE	President Vice President / D	<input checked="" type="checkbox"/> DELETE
NAME	Michelle R. Kimbrell	
STREET ADDRESS	1981 Cornell Rd	
CITY-ST-ZIP	Middleburg FL 32068	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michelle R. Kimbrell	
1.3 STREET ADDRESS	1981 Cornell Rd	
1.4 CITY-ST-ZIP	Middleburg FL 32068	
2.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michelle R. Kimbrell	
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 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, with all other like empowered.

SIGNATURE: Michelle R. Kimbrell / Michelle R. Kimbrell 4-30-99 904-282-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)