

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90004 001 \*1,350.00

**DOCUMENT # P97000042325**

1. Corporation Name

PASCO POWER GP, INC.

Principal Place of Business

C/O R. H. KESSEL  
702 N. FRANKLIN STREET  
TAMPA FL 33602-4418  
US

Mailing Address

C/O R. H. KESSEL  
P.O. BOX 111  
TAMPA FL 33601-0111  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1997

4. FEI Number

59-3450836

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

2. Principal Place of Business

21 C/O D. E. Schwartz

2a. Mailing Address

26 C/O D. E. Schwartz

Suite, Apt. #, etc.

22 702 N. Franklin St.

Suite, Apt. #, etc.

27 P.O. Box 111

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip

24 33602-4418 25 U.S.

Zip

29 33601-0111 30 U.S.

9. Name and Address of Current Registered Agent

MCDEVITT, S M  
702 NORTH FRANKLIN STREET  
TAMPA FL 33602

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LUDWIG, R E  
STREET ADDRESS 702 NORTH FRANKLIN STREET  
CITY-ST-ZIP TAMPA FL 33602

TITLE SD ☐ DELETE

NAME KESSEL, R H  
STREET ADDRESS 702 NORTH FRANKLIN STREET  
CITY-ST-ZIP TAMPA FL 33602

TITLE TD ☐ DELETE

NAME GILLETTE, G. L.  
STREET ADDRESS 702 NORTH FRANKLIN STREET  
CITY-ST-ZIP TAMPA FL 33602

TITLE V ☐ DELETE

NAME JENNINGS, G. D.  
STREET ADDRESS 702 N. FRANKLIN STREET  
CITY-ST-ZIP TAMPA FL 33602-4418

TITLE V ☐ DELETE

NAME MILLER, L. A.  
STREET ADDRESS 702 N. FRANKLIN STREET  
CITY-ST-ZIP TAMPA FL 33602-4418

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813)228-1808

CR2E034 (11/98)