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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000069719 (7) **DOCUMENT #** 

ENERGY ONE, INC.

Principal Place of Business

6312 U.S. HIGHWAY 301, NORTH

**SUITE 222** 

**ELLENTON FL 34222** 

Mailing Address

6312 U.S. HIGHWAY 301, NORTH

SUITE 222

2a. Mailing Address

City & State

Zip

28

29

Suite, Apt. #, etc

**ELLENTON FL 34222** 

## **FILED** Apr 15 1998 8:00am Secretary of State



8. This corporation owes or has paid the current year Intangible-none

Personal Property Tax due June 30.

☐ Yes

□ No

10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WICKMAN, JOHN ATTY BLALOCK, LANDERS, ET AL 82 Street Address (P.O. Box Number is Not Acceptable) **802 11TH STREET WEST** 83 **BRADENTON FL 34205** City 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

Country

30

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			
			required when reinstalling) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President/D DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Brian Thrower	1.2 NAME	
STREET ADDRESS	6906 Stoneywalket.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Bradenton, FL 34203	1.4 CITY-ST-ZIP	
TITLE	Becirctary of Treasurer of VP/0 DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Norbert Ktt Echeel	2.2 NAME	
STREET ADDRESS	521 Ranger Lake	2.3 STREET ADDRESS	
CITY-ST-ZIP	Longboat Key, FL 34228	2. 4 CITY - ST - ZiP	
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZWP		4.4 CiTY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME .		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	of in Continue 140 07/20/2). Floring Continue I foulther continue the information

n supplied with this hing doos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report of officer or director of the corporation or the receiver or truster Block 12 or Block 13 if changed, or on an attachment with a