PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000068257**1. Corporation Name

POWERPLUS ELECTRIC, INC.

Principal Place of Business									
945 W MICHIGAN AVE. STE 8									
PENSACOLA FL 32505									

Mailing Address

PO BOX 37249

PENSACOLA FL 32526-0249

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90190 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/31/1998

2. Principal Pl	ace of Business	2a.	Mailing Address				4	. FEI Number		· L.	Applied For	
21		26					59-3537086		Not Applicable			
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5	. Certifcate of Status Desired		•	5 Additional Required	
City & State		12/1	City & State				-	. Election Campaign Financing		-\$5.0	May Be	
- ¬ ΄	=	28	ony o onone				`	Trust Fund Contribution		•	ed to Fees	
23 Zip	Country	1201	Zip	Count	tгу		8	. This corporation owes the curre	ent vear Int	angible		
24	25	29	30	5				Personal Property Tax.	•	🖾 Yes	□No	
	9. Name and Address of Current I			'			10	. Name and Address of New R	egistered	Agent		
				8	31	Name						
GRIFFIN, JOHNNY L					99 Charat Address (D.O. Pay Number is Not Acceptable)							
945 W MICHIGAN AVE, STE 8					82 Street Address (P.O. Box Number is Not Acceptable)							
PENS	SACOLA FL 32505			8	33							
				L						-		
				8	34	City			FL	85 Z	ip Code	
11 Dureuant	to the provisions of Sections 607.0502	and 6	07.1508. Florida Statutes.	the abo	ove-	named com	porati	on submits this statement for the	purpose of	changing	its registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florid	da, Such change was auth	onzea t	Dy tr	ne corporation	ion's l	poard of directors. I hereby accep	t the appoi	ntment as	registered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title	if applicable. (NOTE: Re	gistered A	gent :	signature require	red wher		DATE			
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OF	ICERS AN			
TITLE	D		☐ DELETE	1,1 TITU	Е		V			Chang	ge 🔯 Addition	
NAME	GRIFFIN, JOHNNY L			1.2 NAM	ŀΕ						Ì	
STREET ADDRESS	945 W MICHIGAN AVE, STE 8		i	1.3 STR	EETA	ADDRESS			12-4		}	
CITY-ST-ZIP	PENSACOLA FL 32505		140			ZIP						
TITLE	D		☐ DELETE	2.1 TITL	E		VS			Chang	ge 🔀 Addition	
NAME	TIDWELL, DONALD E			2.2 NAM	Œ						1	
STREET ADDRESS	945 W MICHIGAN AVE, STE 8			2.3 STR	EET A	ADDRESS						
CITY-ST-ZIP	PENSACOLA FL 32505			2. 4 CIT	Y-ST	-ZIP						
TITLE	D		☐ DELETE	3.1 TITL			P			Chang	ge - ី Addition	
NAME	LONG, JUNIUS L			3.2 NAM	Œ	1						
STREET ADDRESS	945 W MICHIGAN AVE, STE 8			3.3 STR	EET A	ADDRESS					ļ	
CITY-ST-ZIP	PENSACOLA FL 32505			3.4. CIT	Y-ST	. ZIP						
TITLE			☐ DELETE	4.1 TITL						☐ Chane	ge Addition	
NAME				4. 2 NAM	ME						Į	
STREET ADDRESS				4.3 STR	EET A	ADDRESS					i	
CITY-ST-ZIP			•	4.4 CITY	∕-ST-	ZIP						
TITLE			☐ DELETE	5.1 TITL						Chan	ge : Addition	
NAME				5.2 NAW	Æ						•	
STREET ADDRESS				5.3 STR	EET	ADDRESS	-				•	
CITY-ST-ZIP				5.4 CITY	/- ST-	ZIP						
TITLE	-		☐ DELETE	6.1 TITL	E					Chang	ge	
NAME				6.2 NAM	Æ							
STREET ADDRESS				6.3 STR	EET /	ADDRESS					1	
				6.4 CITY	Y-ST-	ZIP					ĺ	
CITY-ST-ZIP	adify that the information cumplied with	461-4	61				Soati	on 110 07/3\/ii) Elorida Statutae	I further ce	difu that th	no information	

Indicated on this annual report or supplied with any oversity that the information stated in Section 119.07(3)(i), Fronta Statutes, I further certify that the information indicated on this annual report is 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.

J. Johnny L. Griffin