

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  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90015 024 \*\*\*150.00

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1. Corporation Name

POWER-EASE TECHNOLOGIES, INC.

Principal Place of Business

1657 INGELSIDE AVE.  
JACKSONVILLE FL 32205

Mailing Address

P.O. BOX 37119  
JACKSONVILLE FL 32236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1998

4. FEI Number

59-3542951

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

9. Name and Address of Current Registered Agent

LUCKETT, THOMAS J JR.  
4451 HERSCHEL DRIVE  
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

DENNIS F. SHAW

82 Street Address (P.O. Box Number is Not Acceptable)

4760 SEABOARD AVE

83

84 City

JACKSONVILLE

85

Zip Code

FL

32210

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 DENNIS F. SHAW

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/99

12.

OFFICERS AND DIRECTORS

TITLE ~~PRESIDENT~~ TJL ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

VICE PRESIDENT ~~EXA~~ (V)

☐ Change

☒ Addition

1.2 NAME

DENNIS F. SHAW

1.3 STREET ADDRESS

4760 SEABOARD AVE

1.4 CITY-ST-ZIP

JACKSONVILLE, FL 32210

2.1 TITLE

SECRETARY/TREASURER

☐ Change

☒ Addition

2.2 NAME

JOHN W. CLAXTON

2.3 STREET ADDRESS

1551 PARRISH PLACE

2.4 CITY-ST-ZIP

JACKSONVILLE, FL 32205

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: Thomas J. Lockett REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

(904) 389-6049

Daytime Phone #

CR2E034 (11/98)