

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

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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90015 024 ***150.00

04/07/00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P98000076492**

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

2. Principal Place of Business
21 4451 HERSCHEL ST

2a. Mailing Address
26 PO Box 60937

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
JACKSONVILLE FL

28 City & State
JACKSONVILLE, FL

29 Zip
32210

30 Zip
32236

25 Country
USA

31 Country
USA

4. FEI Number
59-3542951

Applied For
 Yes
 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** *Dennis F Shaw* DATE **4/7/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDE TJL	<input type="checkbox"/> DELETE	1.1 TITLE VICE PRESIDENT (V) (V)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME DENNIS F. SHAW TJL	
STREET ADDRESS		1.3 STREET ADDRESS 4760 SEABOARD AVE	
CITY-ST-ZIP		1.4 CITY-ST-ZIP JACKSONVILLE, FL 32210	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME JOHN W. CLAXTON	
STREET ADDRESS		2.3 STREET ADDRESS 1551 PARRISH PLACE	
CITY-ST-ZIP		2.4 CITY-ST-ZIP JACKSONVILLE, FL 32205	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 Lockett* **REQUIRED** DATE **4/6/99** DAYTIME PHONE # **(904) 389-6049**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)