

- 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

**DOCUMENT # P98000082091**

1. Corporation Name

**REGENCY ELECTRIC COMPANY SOUTH FLORIDA, INC.**

FILED

99 FEB 16 PM 3:09

 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA


Principal Place of Business

 601 SOUTHPOINT DR. N. SUITE 300  
 JACKSONVILLE FL 32216

Mailing Address

 6601 SOUTHPOINT DR. N. SUITE 300  
 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1998

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip Country

4. FEI Number

59-3534202

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

 HANNA, NANCY L  
 6601 SOUTHPOINT DR. N., SUITE 300  
 JACKSONVILLE FL 32216

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 transferring)

Date

12. OFFICERS AND DIRECTORS

 TITLE ☐ DELETE

 NAME GREEN, ALAN J  
 STREET ADDRESS 6601 SOUTHPOINT DR. N., SUITE 300  
 CITY-ST-ZIP JACKSONVILLE FL 32216

 TITLE ☐ DELETE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ DELETE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ DELETE

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 TITLE ☐ DELETE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ DELETE

 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

Secretary /Treasurer

Nancy L. Hanna

 6601 Southpoint Dr. N. #300  
 Jacksonville, FL 32216

03-01-99 90077 041

4158.75

☐ Change ☐ Addition

 KCP  
 2/16/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

1/25/99 904-287-0600