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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S07439** **(0)**

1. Corporation Name

PALMETTO ENERGY, INC.

Principal Place of Business	Mailing Address
% CORPORATE TAX DEPT 3333 MICHELSON DR., 551M IRVINE CA 92730	% CORPORATE TAX DEPT 3333 MICHELSON DR., 551M IRVINE CA 92730

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/22/1990	04/19/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **33-0439970** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC.
1201 HAYES ST, STE 105
FIRST FLORIDA BANK BLDG.
TALLAHASSEE FL 32301

10. Name and Address of Now 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 _____ DATE
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	PD	11 TITLE		☐ Change ☐ Addition
NAME	TRIMBLE, P.J.	12 NAME		
STREET ADDRESS	3333 MICHELSON DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	HEDEMANN, G., C	22 NAME	CONAWAY, J.M.	
STREET ADDRESS	3333 MICHELSON DR	23 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	FISHER, L.N.	32 NAME		
STREET ADDRESS	3333 MICHELSON DR	33 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA	34 CITY-ST-ZIP		
TITLE	AT	41 TITLE		☐ Change ☐ Addition
NAME	ELLIOTT, S.,R.	42 NAME		
STREET ADDRESS	3333 MICHELSON DR	43 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA	44 CITY-ST-ZIP		
TITLE	CFO	51 TITLE		☐ Change ☐ Addition
NAME	ROLLANS, J O	52 NAME		
STREET ADDRESS	3333 MICHELSON DR	53 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA	54 CITY-ST-ZIP		
TITLE	AT	61 TITLE		☐ Change ☐ Addition
NAME	MORROW, T H	62 NAME		
STREET ADDRESS	3333 MICHELSON DR	63 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 or other court appointed fiduciary 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.

APPROVED 4/20

SIGNATURE: T.H. MORROW

T.H. MORROW ASST. TREASURER 04/13/95 714/ 975-6944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0393193 CP