

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S22113

(2)

1. Corporation Name

CANNON POWER SYSTEMS, INC.



Principal Place of Business

10604 CRESCENT LAKE COURT
CLERMONT FL 34711

Mailing Address

P.O. BOX 120886
CLERMONT FL 34712

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CANNON, WILLIAM J.
10604 CRESCENT LAKE CT
CLERMONT FL 34711

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to the name 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 agree to, the provisions of Sections 607.0505, Florida Statutes.

SIGNATURE

Print Name, Title, and Address of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
DS	CANNON, WILLIAM J.	10604 CRESCENT LAKE COURT	CLERMONT FL 34711	☐
V	CANNON, WILLIAM F.	4206 66TH ST. CIRCLE W	BRADENTON FL 34209	☐
				☐
				☐
				☐
				☐
				☐

13.

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
11	12	13	14	15	☐	☐
21	22	23	24	25	☐	☐
31	32	33	34	35	☐	☐
41	42	43	44	45	☐	☐
51	52	53	54	55	☐	☐
61	62	63	64	65	☐	☐

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(9)(k), 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 its 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, as appropriate, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

904-242-0074

CR2E034 (12/95)