

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JUL 25 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S69554** (1)

1. Corporation Name
POWER RESOURCES, INC.

Principal Place of Business Mailing Address
311 CENTRE ST. STE 203 **311 CENTRE ST. STE 203**
P O DRAWER 1650 **P O DRAWER 1650**
FERNANDINA BEACH FL 32034 **FERNANDINA BEACH FL 32034**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/25/1991		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-3081956		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 311 Centre Street		2a. Mailing Address 26 Post Office Dwr 1650	
Suite, Apt. #, etc 22 Suite 206		Suite, Apt. #, etc 27	
City & State 23 Fernandina Beach		City & State 28 Fernandina Beach	
24 32034	25 Nassau	29 32034	30 Nassau

9. Name and Address of Current Registered Agent MCCAMY, RAYMOND 311 CENTRE ST SUITE 203 FERNANDINA BEACH FL 32034		10. Name and Address of New Registered Agent 81 Name Raymond McCamy 82 Street Address (P.O. Box Number is Not Acceptable) 317 Centre Street, Suite 206 83 84 City Fernandina Beach FL 85 Zip Code	
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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: *Raymond McCamy* 7/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCAMY, RAYMOND	1.2 NAME	
STREET ADDRESS	2625 MCGREGOR BLVD	1.3 STREET ADDRESS	
CITY, ST, ZIP	FERNANDINA BCH FL	1.4 CITY, ST, ZIP	32034
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCAMY, GAIL F.	2.2 NAME	
STREET ADDRESS	2625 MCGREGOR BLVD	2.3 STREET ADDRESS	
CITY, ST, ZIP	FERNANDINA BCH FL	2.4 CITY, ST, ZIP	32034
TITLE		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		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119 (07.000), 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.

SIGNATURE: *Raymond McCamy* / Raymond McCamy 7/20/95 (904) 277-1221