

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:45

DOCUMENT # **S72115** (6)
1. Corporation Name
REGENCY ELECTRIC COMPANY ORLANDO OFFICE, INC.

Principal Place of Business Mailing Address
**6601 SOUTH POINT DRIVE N.
SUITE #300
JACKSONVILLE FL 32216** **6601 SOUTH POINT DRIVE N.
SUITE #300
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/09/1991** 3a. Date of Last Report **01/28/1994**
4. FEI Number **59-3074515** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required
6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**HANNA, NANCY L.
6601 SOUTHPOINT DRIVE 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD**
NAME **GREEN, EDWARD L.**
STREET ADDRESS **6601 SOUTHPOINT DR. N.**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE **PD**
NAME **GREEN, ALAN J.**
STREET ADDRESS **6601 SOUTHPOINT DR. N.**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE **ST**
NAME **HANNA, NANCY, L**
STREET ADDRESS **6601 SOUTHPOINT DR N**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE **V**
NAME **WELLS, RICHARD A**
STREET ADDRESS **380 SO NORTH LAKE BLVD, STE 1004**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **Deletes this officer**
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), 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:

Nancy L. Hanna
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

Nancy L. Hanna

1/13/95 *904 281 0600*
DATE (Typed Name)