FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

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

3. Date Incorporated/Qualified: **08/09/1991**

3a. Date of Last Report: **01/20/1995**

4. FEI Number: **59-3074515** ☐ 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

HANNA, NANCY L.
6601 SOUTHPOINT DRIVE N.
SYUTE #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 of New Registered Agent) (Name of New Registered Agent, Typed or Printed) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	GREEN, ALAN J.		12 NAME	
STREET ADDRESS	6601 SOUTHPOINT DR. N.		13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HANNA, NANCY, L		22 NAME	
STREET ADDRESS	6601 SOUTHPOINT DR N		23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP	
TITLE	V	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	WELLS, RICHARD A		32 NAME	
STREET ADDRESS	380 SO NORTH LAKE BLVD, STE 1004		33 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3/13/96 Date — 904-281-6600 Daytime Phone #