

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 24 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V04375

(4)

1. Corporation Name

SOUTH FLORIDA ENERGY GROUP, INC.

Principal Place of Business

2621 KATHERINE STREET
FT. MYERS FL 33901
US

Mailing Address

2621 KATHERINE STREET
FT. MYERS FL 33901
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/07/1992

3a. Date of Last Report

02/07/1994

2. Principal Place of Business

21 2619 Katherine St

2a. Mailing Address

26 2619 Katherine St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0339672

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

22

27

City & State

City & State

23 Zip

Country

28 Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFITH, ALLAN T.
4575 VIA ROYALE
SUITE 101
FT. MYERS FL 33919

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	CANNONS, SHERRY	2621 KATHERINE STREET	FT. MYERS FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
		2619 Katherine St.	
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sherry Cannons Sherry Cannons 4-13-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

My time Period

8/3-332 -5/05

011144 CP