

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 408368 (9)

1. Corporation Name
SHEPPARD ELECTRIC COMPANY



Principal Place of Business: **1032 SKIPPER ROAD TAMPA FL 33613**
Mailing Address: **1032 SKIPPER ROAD TAMPA FL 33613**

2. Principal Place of Business: **21** Suite, Apt #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **09/08/1972**
3a. Date of Last Report: **01/18/1995**
4. FLE Number: **59-1443931** 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. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEPPARD, DAVID B.
16412 AVILA BLVD.
TAMPA FL 33613**

81 Name: **DAVID B. SHEPPARD**
82 Street Address (P.O. Box Number is Not Acceptable): **1032 SKIPPER ROAD**
83
84 City: **TAMPA** FL 85 Zip Code: **33613**

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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 agree to, the obligations of Section 607.0504, Florida Statutes.

SIGNATURE: *[Signature]* **DAVID B. SHEPPARD** 4/2/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	NAME: SHEPPARD, SUSAN	TITLE: <input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 16412 AVILA BLVD.	CITY-STATE-ZIP: TAMPA, FL 00000	12 NAME:	13 STREET ADDRESS: 2509 COZUMEL DR
TITLE: PD	NAME: SHEPPARD, DAVID	<input type="checkbox"/> DELETE	14 CITY-STATE-ZIP: TAMPA, FL 33618
STREET ADDRESS: 16412 AVILA BLVD.	CITY-STATE-ZIP: TAMPA, FL 00000	21 TITLE:	22 NAME:
TITLE: V	NAME: HIMES, TIMOTHY	<input type="checkbox"/> DELETE	23 STREET ADDRESS: 2509 COZUMEL DR
STREET ADDRESS: 2012 MEADOW BROOK DR.	CITY-STATE-ZIP: LUTZ FL	24 CITY-STATE-ZIP:	25 CITY-STATE-ZIP: TAMPA, FL 33618
TITLE: V	NAME: O'BARR, EMMETT L.	<input type="checkbox"/> DELETE	31 TITLE:
STREET ADDRESS: 16311 SHAGBARK PLACE	CITY-STATE-ZIP: TAMPA FL	32 NAME:	33 STREET ADDRESS:
TITLE: T	NAME: QUIMBY, HUGH P.	<input type="checkbox"/> DELETE	34 CITY-STATE-ZIP:
STREET ADDRESS: 5309 NORTHDAL BLVD.	CITY-STATE-ZIP: TAMPA FL	41 TITLE:	42 NAME:
TITLE:	NAME:	<input type="checkbox"/> DELETE	43 STREET ADDRESS:
STREET ADDRESS:	CITY-STATE-ZIP:	44 CITY-STATE-ZIP:	51 TITLE:
TITLE:	NAME:	<input type="checkbox"/> DELETE	52 NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	53 STREET ADDRESS:	54 CITY-STATE-ZIP:
TITLE:	NAME:	<input type="checkbox"/> DELETE	55 TITLE:
STREET ADDRESS:	CITY-STATE-ZIP:	56 NAME:	57 STREET ADDRESS:
TITLE:	NAME:	<input type="checkbox"/> DELETE	58 CITY-STATE-ZIP:
STREET ADDRESS:	CITY-STATE-ZIP:	59 STREET ADDRESS:	64 CITY-STATE-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 19.07(3)(k), Florida Statutes. I further certify that the information included 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, that I am duly authorized to execute this report and receive my Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment to this address.

SIGNATURE: *[Signature]* **DAVID B. SHEPPARD** 4/2/96 **977-2700**

CR2E034 (12/95)