

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 26 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 549013**

**(1)**

**1. Corporation Name  
LAVANDERA ELECTRIC COMPANY**



**Principal Place of Business**

**Mailing Address**

**4705 HESPERIDES  
PO BOX 15715  
TAMPA FL 33684  
US**

**4705 HESPERIDES  
PO BOX 15715  
TAMPA FL 33684-5715  
US**

**3. Date Incorporated or Qualified  
10/11/1977**

**3a. Date of Last Report  
02/09/1996**

**2. Principal Place of Business**

**2a. Mailing Address**

**21** Suite, Apt #, etc

**26** Suite, Apt #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

**4. FEI Number**

**59-1772390**

**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**

**10. Name and Address of New Registered Agent**

**GARCIA, JOSEPH  
SUITE 2560 BARNETT PL, 101 E KENNEDY BLV  
TAMPA FL 33602**

**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 principal or president of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>TITLE</b>	<b>STD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>ALICE LAVANDERA</b>	
<b>STREET ADDRESS</b>	<b>7410 MIRACLE LANE</b>	
<b>CITY- ST- ZIP</b>	<b>ODESSA FL 33556</b>	
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>RALPH LAVANDERA JR.</b>	
<b>STREET ADDRESS</b>	<b>7410 MIRACLE LANE</b>	
<b>CITY- ST- ZIP</b>	<b>ODESSA FL 33556</b>	
<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>CHARLES M. McDONALD</b>	
<b>STREET ADDRESS</b>	<b>15103 COUNTYLINE ROAD</b>	
<b>CITY- ST- ZIP</b>	<b>ODESSA FL</b>	
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY- ST- ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY- ST- ZIP</b>		

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY- ST- ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY- ST- ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY- ST- ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY- ST- ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY- ST- ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY- ST- ZIP</b>	

**14. I do hereby certify that the information supplied with this filing 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. I am an attachment with an address.**

**SIGNATURE:**

*Alice Lavandera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-17-97**  
Date

**813-8703486**  
Daytime Phone #

CR2E034 (9/96)