

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 # **581395** (1)

1. Corporation Name

ALL ELECTRIC & LIGHTING SERVICE, INC.



Principal Place of Business

Mailing Address

18849 SAKERA RD
P.O. BOX 956
HUDSON FL 34667
US

18849 SAKERA RD
P.O. BOX 956
HUDSON FL 34667
US

3. Date Incorporated or Qualified
08/07/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **5295 CULBREATH RD.**
Suite, Apt. #, etc.

26 **P.O. Box 10298**
Suite, Apt. #, etc.

22 **Brooksville, FL.**
City & State

27 **Brooksville, FL**
City & State

23 **8**
Zip

28 **HERNANDO**
Country

24 **34601**
Zip

25 **HERNANDO**
Country

29 **34601**
Zip

30 **HERNANDO**
Country

4. FEI Number
59-1844123

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

CRIMI, STEVEN J
18849 SAKERA RD
HUDSON FL 34667

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **5295 CULBREATH RD.**

84 **Brooksville**

FL

85 Zip Code
34601

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. This 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

Steven J. Crimi

STEVEN J. CRIMI

President 4/30/96

DATE

12. OFFICERS AND DIRECTORS

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

| | | |
|-----------------|-----------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | UGARTECHE, DENISE | |
| STREET ADDRESS | 9357 ELIDA RD | |
| CITY - ST - ZIP | SPRING HILL, FL 00000 | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | MAZZUCIO, MARJANO | |
| STREET ADDRESS | 9750 SUNBEAM DR | |
| CITY - ST - ZIP | NEW PORT RICHEY FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | MAZZUCO, LORETTA | |
| STREET ADDRESS | 9750 SUNBEAM DRIVE | |
| CITY - ST - ZIP | NEW PORT RICHEY FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | CRIMI, STEVEN J | |
| STREET ADDRESS | 5295 CULBRAETH RD | |
| CITY - ST - ZIP | BROOKSVILLE FL | |
| TITLE | TS | <input type="checkbox"/> DELETE |
| NAME | CRIMI, CORINE | |
| STREET ADDRESS | 5295 CULBREATH RD | |
| CITY - ST - ZIP | BROOKSVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

Corine Crimi

CORINE CRIMI

4-30-96

352-796-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)