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CORPORATION
ANNUAL REPORT
1995



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

95 MAR -8 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **645013**

1. Corporation Name

Cullum Electrical Services, Inc.

200001426082
-03/10/95--01036--012
***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
2111 - 34th Way North 2111 - 34th Way North
Largo, FL 34641 Largo, FL 34641

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		20		11/13/1979		01/24/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1944356		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name David L. Cullum			
				82 Street Address (P.O. Box Number is Not Acceptable) 12149 - 102nd Avenue North			
				83			
				84 City Largo FL 85 Zip Code 34648			
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 <i>David L. Cullum</i>						DATE 3-1-95	
Signature, typed or printed name of registered agent and title if applicable						(NOTE: Registered Agent signature required when reinstating)	

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President & Vice President	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	Cullum, David L.	1.2 NAME					
STREET ADDRESS	12149 - 102nd Avenue North	1.3 STREET ADDRESS					
CITY - ST - ZIP	Largo, FL 34648	1.4 CITY - ST - ZIP					
TITLE	Secretary/Treasurer	2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	Cullum, Dudley R.	2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS	8130 Croom Rital Road				
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Brooksville, FL 34602				
TITLE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY - ST - ZIP		3.4 CITY - ST - ZIP					
TITLE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY - ST - ZIP		4.4 CITY - ST - ZIP					
TITLE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY - ST - ZIP		5.4 CITY - ST - ZIP					
TITLE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY - ST - ZIP		6.4 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)(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: *David L. Cullum* DATE: 3-1-95

TC 913
535-7589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR