

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Serrano W. Mathison  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **649807** (5)  
1. Corporation Name  
**GEORGE ELIAN ELECTRICAL CONTRACTOR, INC.**



Principal Place of Business: **1719 BLANDING BLVD. JACKSONVILLE, F 32210**  
Mailing Address: **1719 BLANDING BLVD. JACKSONVILLE, F 32210**

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 County 30

3. Date Incorporated or Qualified: **12/31/1979** 3a. Date of Last Report: **03/09/1995**  
4. FEIN Number: **59-1970817** 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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **OBERDORFER, E. CHARLES 1719 BLANDING BLVD. JACKSONVILLE, F 32210**  
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 607.1504, 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. Said 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 607.1504, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PD ELIAN, GEORGE 7330 BARBERIE ST JACKSONVILLE FL	12 NAME	
	S OBERDORFER, E CHARLES 1719 BLANDING BLVD. JAX, FL 00000	13 STREET ADDRESS	
		14 CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		15 TITLE	
		16 NAME	
		17 STREET ADDRESS	
		18 CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		19 TITLE	
		20 NAME	
		21 STREET ADDRESS	
		22 CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		23 TITLE	
		24 NAME	
		25 STREET ADDRESS	
		26 CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		27 TITLE	
		28 NAME	
		29 STREET ADDRESS	
		30 CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary, truthful and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicates that the information is not for employment purposes and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or person named in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or change of registration filed with this filing.

SIGNATURE: *George Elian* George ELIAN 3/29/96 (904) 765-2201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)