

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 # 696610

(5)

1. Corporation Name

TERRY'S ELECTRIC, INC.



Principal Place of Business

Mailing Address

600 N THACKER AVENUE, SUITE A
KISSIMMEE FL 34741

600 N THACKER AVENUE, SUITE A
KISSIMMEE FL 34741

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

QUIGLEY, JEANNE T.
600 N THACKER AVENUE, SUITE A
KISSIMMEE FL 34741

3. Date Incorporated or Qualified

07/21/1981

3a. Date of Last Report

02/14/1995

4. FEE Number

59-2126995

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

10. Name and Address of New Registered Agent

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 the corporation's registered agent or the individual agent

Signature of the person appointed as registered agent or the individual agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	☐ DELETE
NAME	QUIGLEY, B. TERENCE	
STREET ADDRESS	600 N. THACKER AV #A	
CITY, ST, ZIP	KISSIMMEE FL	
TITLE	VSD	☐ DELETE
NAME	QUIGLEY, JEANNE T.	
STREET ADDRESS	600 N. THACKER AV. #A	
CITY, ST, ZIP	KISSIMMEE FL	
TITLE	V	☐ DELETE
NAME	QUIGLEY, JAMES T	
STREET ADDRESS	600 N THACKER AV STE A	
CITY, ST, ZIP	KISSIMMEE FL	
TITLE	V	☐ DELETE
NAME	QUIGLEY, TIMOTHY	
STREET ADDRESS	600 N THACKER AVE #A	
CITY, ST, ZIP	KISSIMMEE FL	
TITLE	V	☐ DELETE
NAME	NEVEU, MARK R.	
STREET ADDRESS	600 N THACKER AVE #A	
CITY, ST, ZIP	KISSIMMEE FL	
TITLE	V	☐ DELETE
NAME	NEVEU, JOHN P	
STREET ADDRESS	600 N THACKER AVE #A	
CITY, ST, ZIP	KISSIMMEE FL	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 on an attachment with an address.

SIGNATURE:

Jeannette T. Quigley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

(407) 846-4452
Daytime Phone

CR2E034 (12/95)

Names and Street Addresses of Each Officer and Director (continued)

7	V	QUIGLEY, THOMAS	600 N. THACKER AV., #A	KISSIMEE, FL.
---	---	-----------------	------------------------	---------------