

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 19 PM 4:24**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # F02564 (5)**

1. Corporation Name  
**TRENT ELECTRIC, INC.**

Principal Place of Business

**% JOHN J HOFFMAN  
1702 HART LANE  
ORLANDO FL 32804**

Mailing Address

**% JOHN J HOFFMAN  
1702 HART LANE  
ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**10/21/1980**

3a. Date of Last Report  
**01/20/1994**

4. FEI Number  
**59-2118732**

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

2. Principal Place of Business

21 **16934 C.R. 48**

Suite, Apt. #, etc.

2a. Mailing Address

26 **16934 C.R. 48**

Suite, Apt. #, etc.

22 City & State

23 **MT. DORA FL**

27 City & State

28 **MT. DORA FL**

24 Zip

25 **32757**

Country

25 **USA**

29 Zip

29 **32757**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**HOFFMAN, JOHN J  
1702 HART LANE  
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name **JOHN J. HOFFMAN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**16934 C.R. 48**

83

84 City

**MT. DORA**

**FL**

85 Zip Code  
**32757**

11. Pursuant to the provisions of Sections 607.0302 and 607.0508, 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, typed or printed name of registered agent and fee applicable

**JOHN J. HOFFMAN**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **HOFFMAN, JOHN J**  
STREET ADDRESS **1702 HART LANE**  
CITY - ST - ZIP **ORLANDO, FL 00000**

TITLE **S**  
NAME **HOFFMAN, JOAN H**  
STREET ADDRESS **9 E. STEEL STREET**  
CITY - ST - ZIP **ORLANDO FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD** ☒ Change ☐ Addition  
12 NAME **HOFFMAN JOHN J**  
13 STREET ADDRESS **16934 C.R. 48**  
14 CITY - ST - ZIP **MT. DORA FL 32757**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN J. HOFFMAN**

**4/12/95**

**407-425-6760**