

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # F96000006411 (0)**

1. Corporation Name  
**SAMMARCO ELECTRIC COMPANY, INC.**



Principal Place of Business Mailing Address  
**1183 N. MCLEAN BLVD. MEMPHIS TN 38108** **1183 N. MCLEAN BLVD. MEMPHIS TN 38108-1234**

3. Date Incorporated or Qualified **12/09/1996** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **62-1198144** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAMMARCO, MARIO**  
**7083 LAFAYETTE**  
**PINELLAS PARK FL 33781**

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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **P**  
 NAME **SAMMARCO, TIM**  
 STREET ADDRESS **1388 WHITING**  
 CITY-ST-ZIP **MEMPHIS TN 38117**

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **S**  
 NAME **SAMMARCO, FANNIE**  
 STREET ADDRESS **1674 ST. ELMO**  
 CITY-ST-ZIP **MEMPHIS TN 38127**

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **T**  
 NAME **BAY, BEVERLY**  
 STREET ADDRESS **6170 STONEY COVE**  
 CITY-ST-ZIP **BARTLETT TN 38134**

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, 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: *Tim Sammarco* **TIM SAMMARCO** President 3/6/97 (901) 788-4173  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0011408**

CFR2E034 (9/96)