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

PROFIT CORPORATION ANNUAL REPORT



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

1	9	9	6	

SIGNATURE:

H20175

(6)

	ELECTRIC, INC.						
Principal Place of 721 NELSON TAVARES FL	STREET	Mailing Address 721 NELSON STRE TAVARES FL 32776				: 200 2720 QIEN Ç IŞN	9-9-1- 91911 4 1911 1981
					3. Date incorporated or Qualified 09/10/1984	3a. Date of Las	•
2. Principal Place	ce of Business	2a. Mailing Address 26			4, FE: Number 59-2453451		Applied For Not Applicable
Suite. Apt. #	, etc	Suite, Apt #, etc.			5. Certificate of Status Desired		75 Additional
City & State		City & State			6. Election Campaign Financing	\$5	.00 May Be
Zφ	Country	Zip	Count	ry	B. This corporation has liability for	intang ble tax unde	rs 199 032
24	9. Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes X Yes 10. Name and Address of New F	No Registered Agent	
			8	1 Name		3	<u>. </u>
Berg, F			8:	2 Street Add	iress (P.O. Box Number is Not Acceptab	ole)	
	LSON STREET					·	
SUITE 4			8:	3			
IAVANE	S FL 32778		8	4 City		FL 85	Zip Code
12. TITLE NAME	PD BERG, PHIL	CONTRACTOR OF THE CONTRACTOR O	13. 1 1 7 14 1 1 1 1 14		ADDITIONS/CHANGES TO OFF	CATE ICERS AND DIREC Chan	
STREET ADDRESS CITY-ST-ZIP	721 NELSON STREET TAVARES FL		1.3 STREI 1.4 CITY	ET ADDRESS			
TIFLE	STD	DELETE	2 1 1111			Chan	ge 🔲 Add-tion
NAME STHEET ADDRESS	BERG, LINDA 721 NELSON STREET		2.2 NAME 2.3 STHE	FF ADDRESS			
CHTY-ST-ZIP TITLE	TAVARES FL		2.4 City - 3.1 Title			Chan	ge 🔲 Add-tion
NAME STREET ADDRESS			3.2 NAME 3.3 STAE	ET ACIDRESS			,
CITY-ST-2IP TITLE		☐ DELETE	3.4 CHY- 4. 1 TITUE			☐ Chan	ge 🔲 Addition
NAME STREET ADORESS				ET ADORESS			
CITY-ST-ZIF TITLE		☐ DELETE	5 3 TITLE			[] Chan	ge 🗍 Addition
NAME			5.2 NAME	:			
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP TIBLE	, , , , , , , , , , , , , , , , , , ,	☐ DELETE	5 4 CITY- 6 1 TITLE			Chan	ge 🔲 Addition
NAME			6.2 NAME	1			
STREET ADDRESS				I ADDRESS			
certify that t	the information indicated on this an	nual report or supplemental ar	onual report is to	es not qualify f	for the exemption stated in Section 119, ate and that my signature shall have the is report as required by Chapter 607, Fig.	same legal effect a	is if made under

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR