

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J79611 (6)**

1. Corporation Name
BLOUGH ELECTRIC, INC.



Principal Place of Business: **2530 12TH ST SARASOTA FL 34237 US**
Mailing Address: **2051 MAIN ST STE 102 PO BOX 4019 SARASOTA FL 34230**

3. Date Incorporated or Qualified: **06/25/1987**
3a. Date of Last Report: **03/01/1995**
4. FEI Number: **59-2823519**
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 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent: **BLOUGH, WILLIAM L. 2530 12TH ST SARASOTA FL 34237**
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: _____ (Signature of registered agent and the filer) DATE: _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: DPT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: BLOUGH, WILLIAM L.		2.2 NAME	
3. STREET ADDRESS: 2530 12TH ST. SARASOTA FL		3.3 STREET ADDRESS	
4. CITY, ST, ZIP: DVS SARASOTA FL	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE: DVS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: BLOUGH, EDITH N.		6.2 NAME	
7. STREET ADDRESS: 2530 12TH ST. SARASOTA FL		7.3 STREET ADDRESS	
8. CITY, ST, ZIP:	<input type="checkbox"/> DELETE	8.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE:		9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:		10.2 NAME	
11. STREET ADDRESS:		11.3 STREET ADDRESS	
12. CITY, ST, ZIP:	<input type="checkbox"/> DELETE	12.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE:		13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:		14.2 NAME	
15. STREET ADDRESS:		15.3 STREET ADDRESS	
16. CITY, ST, ZIP:	<input type="checkbox"/> DELETE	16.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE:		17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:		18.2 NAME	
19. STREET ADDRESS:		19.3 STREET ADDRESS	
20. CITY, ST, ZIP:	<input type="checkbox"/> DELETE	20.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William L. Blough* DATE: **2-5-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **WILLIAM L. BLOUGH, President**

CR2E034 (12/95)