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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000087310 (7)

FALCON ELECTRIC, INC.

Maining Address Principal Place of Business 5024 WEST GRACE STREET **5024 WEST GRACE STREET** TAMPA FL 33607-3808 **TAMPA FL 33607** 3. Date Incorporated or Qualified 3a. Date of Last Report 12/22/1993 04/09/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3215465 Not Applicable 21 26 Suite, Apt. #, etc. Surte, Apt. #, etc \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032 Yes No 25 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 SHULER, JAMES M 1505 NORTH FLORIDA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 83 84 City Zip Code 85 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stgration Typest or period name of macining agent and title diapolicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE DILLE HALL, BONNIE HAME 1.2 NAME 5024 W. GRACE STREET 13 STREET ADDRESS STREET ACCORDS TAMPA FL 14 CHY-ST-ZIP DITY: SE-ZP Change \_\_\_ Addition DELETE THE 2.1 DILE ROSEMAN, ZOE NAME 22 NAME 15920 GULF BLVD. 2.3 STREET ADDRESS STREET ADDRESS **REDDINGTON BEACH FL 33718** 2 4 CITY-ST-ZIP CITY (\$1 - ZIP) DELETE Change Addition 3.1 TITLE blif GARNER, STEPHANIE M 3.2 NAME NAME 2836 COUNTRYSIDE BLVD., SUITE 111 3 3 STREET ADDRESS SPREET ADDRESS **CLEARWATER FL 34621** 34 CITY-ST-ZIP CRTY - ST - ZIP DELETE Change Addition TILLE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY SI-2P DELETE Change Addition 5 1 TITLE [11].F 5.2 NAME MANY **5 3 STREET ADDRESS** STREET ADDRESS 5 4 C(1Y - ST- Z)P City - St - 7th DELETE Change Addition HILE 61 TITLE NAMe. 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP City - \$1 - 7#

14. I do nereby 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 office 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

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3/18/97 813-288-9539 Dayline Prone

**FILED** 

Mar 24 1997 8:00am

Secretary of State