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

**PROFIT** CORPORATION **ANNUAL REPORT** 



CLORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # **P9400041369 (7)** 

JERRY SMITH ELECTRIC, INC. Principal Place of Business Mailing Address 3001 COTTAGEVILLE ST **3001 COTTAGEVILLE ST DELTONA FL 32738** DELTONA FL 32738-9717 3. Date Incorporated or Qualified 3a. Date of Last Report 05/31/1994 05/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 59-3247985 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 Trust Fund Contribution Added to Fees 28 Zip Country Zw Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SMITH, JERRY 3001 COTTAGEVILLE ST Street Address (P.O. Box Number is Not Acceptable) **DELTONA FL 32738** 83 Zip Code 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes Signature, typed or printed name of registered agent and title if applicable (NOTE Registeres Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE Addition SMITH, JERRY 3001 COTTAGEVILLE ST STREET ADDRESS 13 STREET ADDRESS **DELTONA FL 32738** CITY-ST-ZIP 14 CITY-S1-ZIP DELETE Change Addition TITLE 211011 NAME 2.2 NAMI STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY ST-ZIF DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - \$1 - 7/P DELETE Addition ☐ Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City - St - 7IP DELETE Change Addit-on TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - 7IP Change DELETE \_\_\_ Add-tion TITLE 61 THUE

6.2 NAME

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing closs not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this primal report or supplemental applications true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation every receiver or truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if changed 4 ph an appear of the corporation of the corporatio

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034

**FILED** 

Apr 16 1997 8:00am

Secretary of State