

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000000784 (5)

1. Corporation Name

CONNORS ELECTRIC, INC.



Principal Place of Business

762 105 AVE NORTH  
NAPLES FL 33963

Mailing Address

762 105 AVE NORTH  
NAPLES FL 33963

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

9. Name and Address of Current Registered Agent

CONNORS, THOMAS J  
762 105 AVE NORTH  
NAPLES FL 33963

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/01/1995

3a. Date of Last Report

4. FEI Number

65-0550791

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 607.0902, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

AP

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME Thomas J Connors  
STREET ADDRESS 762 105th Ave N  
CITY-STATE-ZIP Naples, FL 33963

TITLE  DELETE

NAME Monica Connors  
STREET ADDRESS 762 105th Ave N  
CITY-STATE-ZIP Naples, FL 33963

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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)(a), 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: *Monica Connors* Monica Connors 4/11/96 (941)598-3922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)