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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 30 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000017091 (5)

LARRY DILL ELECTRIC, INC.

LAHIH	DILL LECTIO, 1140						
Principal Pa	ace of Business	Mailing Address				a nakurazu tun unuk belut bakil sanut bhus baset tibut datit abut	A IRIBI JINE INDI
646 TOMOKA FARMS RD NEW SMYRNA BEACH FL 32168		646 TOMOKA FARMS RD NEW SMYRNA BEACH FL 32168-8809					
						3. Date Incorporated or Qualified 3a. Date of L 02/22/1996	ast Report
2. Principal	Place of Business	2a. Mailing Addres	is .			4. FEI Number	Applied For
21		26				59-3361811	Not Applicable
Suite, Ap	it #, etc	<b>—</b>	Suite, Apt. #, etc.				75 Additional
22		27				F	ee Required
City & St	ate	City & State					.00 May Be
Zip Country		Zip	Zip Country			Trust Fund Contribution	
24	25	29	30	,		Florida Statutes Yes No	der \$. 199.032,
	9. Name and Address of Cur		[00]			10. Name and Address of New Registered Agent	
BU	SH, WILLIAM D III			81	Name		
2750 S RIDGEWOOD AVE				82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
	UTH DAYTONA FL 32119				Direct rises	oos (1.0. box Humoor is 1401 / Notopiacia)	
				83			
				84	City	E. 85	Zip Code
44 Parenta	to the provisions of Sections 607.	0502 and 607 1508. Florida	Statutes the al		a-named corn	oration submits this statement for the purpose of change	ning its registered
office o	registered agent, or both, in the St	ate of Florida. Such change	was authorize	d by	the corporati	oration submits this statement for the purpose of changion's board of directors. I hereby accept the appointment	nt as registered
agent l	arn familiar with, and accept the ob-	oligations of, Section 607.05	505, Florida Stat	utes	3.		
SIGNATURE	Signar nei spield ai printed name of registered	Lauent and tillauf applicable	(NOTE Repústeres	d Age	nt signature require	ed when reinstating) DATE	
12.		AND DIRECTORS	13.		.,,,	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
10.11	D	DELI	TE 1,1 Tr	TLE		☐ Ch	ange Addition
NAME	DILL, W L SR		1.2 N/	AME	1		
STREET ADDRES	1221 ARAGON ST		1.3 \$1	REET	ADDRESS		
C 1Y-S1-7/P	HOLLY HILL FL 32117			1.4 CiTY+ST-ZiP			
TI" LE	D	<del>-</del>		2.1 TITLE		Ch	ange 🔲 Addition
NAME	DILL, LARRY		2.2 N/	AME			
STREET ADDRES			2.3 S1	REET	ADDRESS		
C 15-51-7iP	NEW SMYRNA BEACH FL 3			ITY-S	ST - ZIP		
TOLE	D	☐ DELI	ETE 31TI	TLE		☐ Ch	ange Addition
NAME	DILL, PEGGY		32 N			V.	
STREET ADDRES		0400			ADDRESS		
CH SLZP	NEW SMYRNA BEACH FL 3				ST-ZIP		acao Addition
TOLLE		L DELI				□ Ch	ange [_] Addition
NAME assume the second			4.2 N				
STREET ADDRES	Ť				ADDRESS		
C_D+-S1-74P		DELI			1 - ZIP	Ch	ange Addition
TITLE NAME		L., DELI				<b>1</b> ] GI	Engo LI Addition
	6		5.2 N		ADDRESS	•	
STREET ADDRESS	.1				ADDRESS		
Cify S1-2iP Title		DELE			T-ZIP	☐ Ch	ange Addition
MAM		Oct.	6.2 N				
STREET ADDRES	s l				ADDRESS		
City - St - ZiP					T-ZIP		
[21] Y = 281 + 7401							

14. Loo hereby certify that the information supplied with this filling 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 officer or director of the porporation or preference or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name