

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 26 AM 9:14

DOCUMENT # V32689

(4)

1. Corporation Name

VILANO ELECTRIC, INC.

Principal Place of Business

**14003 BEACH BLVD
2-104
JACKSONVILLE FL 32250
US**

Mailing Address

**14003 BEACH BLVD
2-104
JACKSONVILLE FL 32250
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1992

3a. Date of Last Report

01/25/1994

4. FEI Number

59-3126459

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 interstate tax under s. 195.032, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

3165 St. Johns Bluff So.

2a. Mailing Address

14286-19 Beach Blvd. #394

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

394

City & State

Jacksonville, Fl.

City & State

Jacksonville, Fl.

Zip

32246

Country

USA

Zip

32250

Country

USA

9. Name and Address of Current Registered Agent

**CLARK, LAWRENCE D.
14003 BEACH BLVD
STE 2-104
JACKSONVILLE FL 32250**

10. Name and Address of New Registered Agent

81 Name

Clark, Lawrence D.

82 Street Address (P.O. Box Number is Not Acceptable)

14286-19 Beach Blvd. #394

83

84 City

Jacksonville, Fl.

FL

85 Zip Code

32250

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Lawrence D. Clark

Lawrence D. Clark V.P.

6-14-95

Signature typed or printed name of registered agent and the filer (applicant)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

FENNEL, PETER

STREET ADDRESS

14003 BEACH BLVD 2-104

CITY ST ZIP

JACKSONVILLE FL

TITLE

V

NAME

CLARK, LAWRENCE D.

STREET ADDRESS

14003 BEACH BLVD 2-104

CITY ST ZIP

JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

**14286-19 Beach Blvd. #394
Jacksonville, Fl. 32250**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

**14286-19 Beach Blvd. #394
Jacksonville, Fl. 32250**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change ☐ 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)(b), 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:

Lawrence D. Clark

6-14-95

904-641-0868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)

CR2E034 (3/95)