

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **581395** (1)

1. Corporation Name  
**ALL ELECTRIC & LIGHTING SERVICE, INC.**



Principal Place of Business Mailing Address  
**18849 SAKERA RD  
P.O. BOX 956  
HUDSON FL 34667  
US**

3. Date Incorporated or Qualified **08/07/1978** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **5295 CULBREATH RD.** 26 **P.O. Box 10298**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-1844123** Applied For Not Applicable

22 **Brooksville, FL.** 27 **Brooksville, FL**  
City & State City & State

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 **8** 28 **Brooksville, FL**  
Zip Country Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 **34601** 25 **HERNANDO** 29 **34601** 30 **HERNANDO**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRIMI, STEVEN J  
18849 SAKERA RD  
HUDSON FL 34667**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **5295 CULBREATH RD.**  
84 **Brooksville** FL 85 Zip Code **34601**

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. This 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: *Steven J. Crimi* **STEVEN J. CRIMI** President **4/30/96**  
DATE: **4/30/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UGARTECHE, DENISE</b>	1.2 NAME
STREET ADDRESS	<b>9357 ELIDA RD</b>	1.3 STREET ADDRESS
CITY - ST - ZIP	<b>SPRING HILL, FL 00000</b>	1.4 CITY - ST - ZIP
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAZZUCIO, MARJANO</b>	2.2 NAME
STREET ADDRESS	<b>9750 SUNBEAM DR</b>	2.3 STREET ADDRESS
CITY - ST - ZIP	<b>NEW PORT RICHEY FL</b>	2.4 CITY - ST - ZIP
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAZZUCO, LORETTA</b>	3.2 NAME
STREET ADDRESS	<b>9750 SUNBEAM DRIVE</b>	3.3 STREET ADDRESS
CITY - ST - ZIP	<b>NEW PORT RICHEY FL</b>	3.4 CITY - ST - ZIP
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRIMI, STEVEN J</b>	4.2 NAME
STREET ADDRESS	<b>5295 CULBRAETH RD</b>	4.3 STREET ADDRESS
CITY - ST - ZIP	<b>BROOKSVILLE FL</b>	4.4 CITY - ST - ZIP
TITLE	<b>TS</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRIMI, CORINE</b>	5.2 NAME
STREET ADDRESS	<b>5295 CULBREATH RD</b>	5.3 STREET ADDRESS
CITY - ST - ZIP	<b>BROOKSVILLE FL</b>	5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - 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)(k), 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 as an attachment with an address.

SIGNATURE: *Corine Crimi* **Corine Crimi** **4-30-96** **352-796-4000**  
DATE: **4-30-96** Daytime Phone #

CR2E034 (12/95)