

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

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.**
Suite, Apt. #, etc.

26 **P.O. Box 10298**
Suite, Apt. #, etc.

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

27 **Brooksville, FL**
City & State

23 **8**
Zip

28 **HERNANDO**
Country

24 **34601**
Zip

25 **HERNANDO**
Country

29 **34601**
Zip

30 **HERNANDO**
Country

9. Name and Address of Current Registered Agent

4. FEI Number
59-1844123

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

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	UGARTECHE, DENISE	
STREET ADDRESS	9357 ELIDA RD	
CITY - ST - ZIP	SPRING HILL, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MAZZUCIO, MARJANO	
STREET ADDRESS	9750 SUNBEAM DR	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MAZZUCO, LORETTA	
STREET ADDRESS	9750 SUNBEAM DRIVE	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CRIMI, STEVEN J	
STREET ADDRESS	5295 CULBRAETH RD	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	CRIMI, CORINE	
STREET ADDRESS	5295 CULBREATH RD	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)