

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 147921

1. Entity Name
TRI-CITY ELECTRIC CO., INC.



Principal Place of Business
**625 N W 16TH AVE
MIAMI, FL 33125 US**

Mailing Address
**625 N W 16TH AVE
MIAMI, FL 33125 US**

DO NOT WRITE IN THIS SPACE



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0557927

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEWIS, KERRY H ESQ.
3225 AVIATION AVENUE
COCONUT GROVE, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST BORDEN, JONATHAN R. 625 N W 16TH AVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP A.L. ABREU 625 N W 16TH AVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CH BORDEN, DILLARD R 625 NW 16TH AVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP BORDEN, DILLARD R III 625 NW 16TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KIRCHHEINER, OTTO 625 NW 16TH AVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SORRELLS, RICHARD L JR 625 NW 16 AVENUE MIAMI, FL 33125

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03/18/08-80017-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Jonathan R. Borden

2/22/08

305-642-7822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #