

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 164642 (1)

1. Corporation Name

PALMER ELECTRIC COMPANY

Principal Place of Business

875 JACKSON AVE
WINTER PARK FL 32789

Mailing Address

875 JACKSON AVE
WINTER PARK FL 32789



3. Date Incorporated or Qualified

03/24/1951

3a. Date of Last Report

02/03/1995

4. FEI Number

59-0699955

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X

Yes

□

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEARD, THOMAS G.
875 JACKSON AVE.
WINTER PARK FL 32789

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDCE	<input type="checkbox"/> DELETE
NAME	BEARD, T. G.	
STREET ADDRESS	875 JACKSON AVE	
CITY-ST-ZIP	WINTER PARK, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BACH, CHRIS	
STREET ADDRESS	875 JACKSON AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	EURE, H.C.	
STREET ADDRESS	875 JACKSON AVE	
CITY-ST-ZIP	WINTER PARK, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	RUBINSTEIN, A.	
STREET ADDRESS	875 JACKSON AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIV BACH, CHRIS
2.3 STREET ADDRESS	875 JACKSON AVENUE
2.4 CITY-ST-ZIP	WINTER PARK, FLORIDA 32789
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIV PARKER III, ROBERT
3.3 STREET ADDRESS	875 JACKSON AVENUE
3.4 CITY-ST-ZIP	WINTER PARK, FLORIDA 32789
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIV MASTERSON, JEFF. D.
4.3 STREET ADDRESS	875 JACKSON AVENUE
4.4 CITY-ST-ZIP	WINTER PARK, FLORIDA 32789
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DST ROUSSEAU, SCOTT
5.3 STREET ADDRESS	875 JACKSON AVENUE
5.4 CITY-ST-ZIP	WINTER PARK, FL. 32789
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 on an attachment with an address.

SIGNATURE: Thomas G. Beard THOMAS G. BEARD, Pres. 3/6/96 (407) 646-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)