FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
SUNBIZ.NET
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **222224** **(8)**

1. Corporate Name
ACME ELECTRIC, INC.

Principal Place of Business
8500 FOWLER AVENUE
P.O. BOX 100
GONZALEZ FL 32560

Mailing Address
8500 FOWLER AVENUE
P.O. BOX 100
GONZALEZ FL 32560

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **04/03/1959**
3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business — 21
Suite Apt # etc — 22
City & State — 23
Zip — 24 County — 25

2a. Mailing Address — 26
Suite Apt # etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-0872117** — 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 § 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
JONES, DAVID
3202 CREEKWOOD DRIVE
CANTONMENT FL 32533

10. Name and Address of New Registered Agent
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 Section 607.0505, 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. The corporation has authorized the undersigned officer or director to execute this statement, and to file it in the Office of the Secretary of State. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

12. Officers and Directors

Title	S
Name	JONES, MARIE D.
Address	3202 CREEKWOOD DRIVE
City	CANTONMENT FL
Title	P
Name	JONES, DAVID A
Address	3202 CREEKWOOD DRIVE
City	CANTONMENT, FL 00000
Title	T
Name	JENNINGS, CHARATI
Address	2190 WHITE PINES DRIVE
City	PENSACOLA FL

13. Additional Changes to Officers and Directors — ☐ Change ☐ Add

14. I hereby certify that the information supplied with this report is correct, complete and does not qualify for the exemption stated in Section 607.0501, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and complete 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 of this report or on an attachment with my title.

SIGNATURE: Charati D Jennings Charati D. Jennings 4.28.95 904 4774445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0470443 FP