

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 # 245380 (1)

1. Corporation Name

CREEL ELECTRIC CO, INC.



Principal Place of Business

C H CREEL
4651 HIGHWAY AVENUE P.O. BOX 37031
JACKSONVILLE FL 32205

Mailing Address

C H CREEL
4651 HIGHWAY AVENUE P.O. BOX 37031
JACKSONVILLE FL 32205

3. Date Incorporated or Qualified
03/09/1961

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-0919181

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CREEL, CORTEZ H
4261 ST FRANCIS CIR
JACKSONVILLE FL

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 607.1504, 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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of the person making the filing (see instructions)

(If the Registered Agent is a corporation, include the name of the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CREEL, CORTEZ H	
STREET ADDRESS	4261 ST FRANCIS CIR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	☐ DELETE
NAME	CREEL, FRANKLIN M	
STREET ADDRESS	8167 LOCH LOMOND LN	
CITY-ST-ZIP	JAX FL	
TITLE	STD	☐ DELETE
NAME	CREEL, JUDITH L	
STREET ADDRESS	8167 LOCH LOMOND LN	
CITY-ST-ZIP	JAX FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	☐ Change ☐ Addition
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	☐ Change ☐ Addition
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith L. Creel
Judith L. Creel

1/22/96

904/387-1476

CR2E034 (12/95)