

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 245446 (0)

1. Corporation Name

TRI-CITY ELECTRICAL CONTRACTORS, INC

Principal Place of Business

Mailing Address

430 WEST DR  
ALTAMONTE SPRINGS FL 32714

430 WEST DR  
ALTAMONTE SPRINGS FL 32714



3. Date Incorporated or Qualified

03/10/1961

3a. Date of Last Report

03/14/1995

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 resident in FL)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME TD  
MORRIS, D. ERIC  
STREET ADDRESS 430 WEST DRIVE  
CITY - ST - ZIP ALTAMONTE SPRGS, FL00000

TITLE ☒ DELETE

NAME D  
EIDEL, CHARLES J  
STREET ADDRESS 430 WEST DRIVE  
CITY - ST - ZIP ALTAMONTE SPRGS, FL00000

TITLE ☐ DELETE

NAME PD  
EIDEL, HELMUTH  
STREET ADDRESS 430 WEST DRIVE  
CITY - ST - ZIP ALTAMONTE SPRGS, FL00000

TITLE ☐ DELETE

NAME SD  
EIDEL, PAULA N  
STREET ADDRESS 430 WEST DRIVE  
CITY - ST - ZIP ALTAMONTE SPRGS, FL00000

TITLE ☐ DELETE

NAME V  
BEASLEY, DAVID  
STREET ADDRESS 430 WEST DRIVE  
CITY - ST - ZIP ALTAMONTE SPRINGS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TD

Charles W. McFarland  
430 West Drive  
Altamonte Springs, FL 32714

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Charles W. McFarland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96

Date

(407)788-3500

Display Phone #

CR2E034 (3/96)