FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Feb 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name 253410 (5) BAZINET ELECTRIC, INC. Principal Place of Business Mailing Address 1400 FORSYTHE RD P.O. BOX 2747 WEST PALM BEACH FL 33402 WEST PALM EBACH FL 33402 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/27/1961 2e. Mailing Address
5 nme A5 2. Principal Place of Business Applied For 4. FEI Number 59-0940965 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Yes Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BAZINET, ALAN G. Name 1400 FORSYTHE ROAD Street Address (P.O. Box Number is Not Acceptable) W PALM BEACH FL 33405 83 City 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered algent, 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE ☐ Change ☐ Addition BAZINET, RHONDA L NAME 1.2 NAME 3691 BROOKLYN LANE STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME BAZINET, ALAN G 2.2 NAME STREET ADDRESS 3691 BROOKLYN LANE 2.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY~ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-2IP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address/

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