

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 # 270025 (0)

1. Corporation Name

ABBOTT-TRUE ELECTRIC INC



Principal Place of Business

635 WILMER AVENUE
ORLANDO FL 32808

Mailing Address

635 WILMER AVENUE
ORLANDO FL 32808

3. Date Incorporated or Qualified
05/17/1963

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-0869238

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

TRUE, LEROY
635 WILMER AVE.
ORLANDO FL 32808

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE ☐ DELETE

NAME
PD TRUE, LEROY
STREET ADDRESS
34205 WOODRIDGE LANE
CITY, ST, ZIP
EUSTIS FL

1.1 TITLE ☐ Change ☐ Addition

11.2 TITLE ☐ DELETE

NAME
VD TRUE, MICHAEL L.
STREET ADDRESS
20635 E. HWY. 44
CITY, ST, ZIP
EUSTIS FL

1.2 NAME ☐ Change ☐ Addition

11.3 TITLE ☐ DELETE

NAME
SD TRUE, EVELYN A
STREET ADDRESS
34205 WOODRIDGE LANE
CITY, ST, ZIP
EUSTIS FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

11.4 TITLE ☐ DELETE

NAME
T NETTLES, LINDA M.
STREET ADDRESS
6947 BETH ROAD
CITY, ST, ZIP
ORLANDO FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

11.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

11.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

2.2 NAME ☐ Change ☐ Addition

11.7 TITLE ☐ DELETE

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leroy True*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

Date

407 295-4610

Daytime Phone #

CR2E034 (12/95)