

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 282821 (8)

1. Corporation Name

RAKES ELECTRIC INC



Principal Place of Business

Mailing Address

C/O A.B. REYNOLDS
3201 EDGEWATER DRIVE
ORLANDO FL 32804

C/O A.B. REYNOLDS
3201 EDGEWATER DRIVE
ORLANDO FL 32804

3. Date Incorporated or Qualified
07/01/1964

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

4. FEI Number

59-1052533

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

**REYNOLDS, A.B.
3201 EDGEWATER DRIVE
ORLANDO FL 32804**

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	RENNEBU, BARBARA	
STREET ADDRESS	460 OLOLU DRIVE	
CITY-ST-ZIP	WINTER PARK, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REYNOLDS, BETTY L	
STREET ADDRESS	3304 KATHLEEN DRIVE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RENNEBU, BARBARA M	
STREET ADDRESS	460 OLOLU DRIVE	
CITY-ST-ZIP	WINTER PARK, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	REYNOLDS, ATWOOD B	
STREET ADDRESS	3304 KATHLEEN DRIVE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

A B Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/96

(407) 425-5278

Date

Daytime Phone #

CR2E034 (12/95)