

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

CORPORATION ANNUAL REPORT 1995				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 305798 (1)					
1. Corporation Name CALLIES ELECTRIC, INC.					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:20

Principal Place of Business	Mailing Address
1009 S.E. 9TH COURT HIALEAH FL 33010	1009 S.E. 9TH COURT HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		06/06/1966		10/05/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1144828		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
23		28		6. Election Campaign Financing		☐ Trust Fund Contribution ☒ Yes ☐ No	
Zip		Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☒ Yes ☐ No	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIMS, MARK H 1089 SE 9 CT HIALEAH FL 33010				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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE				1.1 TITLE ☐ Change ☐ Addition			
NAME				1.2 NAME			
STREET ADDRESS				1.3 STREET ADDRESS			
CITY - ST - ZIP				1.4 CITY - ST - ZIP			
TITLE				2.1 TITLE ☐ Change ☐ Addition			
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY - ST - ZIP				2.4 CITY - ST - ZIP			
TITLE				3.1 TITLE ☐ Change ☐ Addition			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE				4.1 TITLE ☐ Change ☐ Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE				5.1 TITLE ☐ Change ☐ Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE				6.1 TITLE ☐ Change ☐ Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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 included 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 applicable, or on an attachment with an address.

SIGNATURE: _____ 3/4/95 705 888-0705
 (Signature and typed or printed name of signing officer or director)