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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 311910

ANGEL'S ELECTRIC COMPANY, INC.

WINTER PARK FL

BLANCA, EMILY R

809 GREENS ST

WINTER PARK FL

Principal Place of Business Mailing Address 809 GREENS AVENUE 809 GREENS AVENUE WINTER PARK FL 32789-3344 WINTER PARK FL 32789-3344 3. Date Incorporated or Qualified 3a. Date of Last Report 12/19/1966 04/25/1996 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For <u>59-1150158</u> Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П Added to Fees 23 28 Country Ζφ Country 8. This corporation has liability for intengible tax under s. 199.032, XYes 🔲 No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BLANCA, WALTER A. 809 GREENS ST Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 84 City 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 farmiliar 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE 1011.6 PD BLANCA, WALTER A. NAM-1.2 NAME 809 GREENS ST 1.3 STREET ADDRESS STREEL ADDRESS winter park fl 14 CITY-ST-ZIP CITY-S1-ZIF Change DELETE Addition 21 TITLE THE LANE, A A BLANCA 2 2 NAME NAME 809 GREENS ST STHEET ADDRESS 2.3 STREET ADDRESS

2. 4 CITY - ST - ZIP

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3.4. CITY-ST-ZIP

3.1 TITLE

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4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

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DELETE

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6.4 CITY-SY-ZIP CITY-S1-ZIP 14. I do 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 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

SIGNATURE:

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Apr 18 1997 8:00am

Secretary of State