FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

1995 FEB 20 PM 6:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 322437 (5)

1. Corporation Name
~~CORNETT ELECTRIC CO., INC.~~
CORNETT ENTERPRISES, INC.

Principal Place of Business
% JOHN A CORNETT
717 DREW STREET
CLEARWATER FL 34615

Mailing Address
% JOHN A CORNETT
717 DREW STREET
CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1967
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business
21 5617 S. Perch Dr.
Suite, Apt. #, etc.
22
City & State
23 Floral City, FL
Zip 24 34436 Country 25 Citrus

2a. Mailing Address
26 5617 S. Perch Dr.
Suite, Apt. #, etc.
27
City & State
28 Floral City, FL
Zip 29 34436 Country 30 Citrus

4. FEI Number: 59-1174458 — 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
CORNETT, JOHN A
5617 S. PERCH DR.
FLORAL CITY FL 34436

10. Name and Address of New Registered Agent
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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	1.1 TITLE	☐ Change ☐ Addition
NAME	CORNETT, CAROLYN	1.2 NAME	
STREET ADDRESS	5617 S. PERCH DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL	1.4 CITY-ST-ZIP	
TITLE	~~V~~	2.1 TITLE	☒ Change ☐ Addition
NAME	~~BOWYER, HARRY K~~	2.2 NAME	Delete
STREET ADDRESS	~~6049 71ST STREET NORTH~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	2.4 CITY-ST-ZIP	
TITLE	PSD	3.1 TITLE	☐ Change ☐ Addition
NAME	CORNETT, JOHN A	3.2 NAME	
STREET ADDRESS	5617 S. PERCH DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL	3.4 CITY-ST-ZIP	000001415190
TITLE		4.1 TITLE	-02/24/95--01[illegible]--J08 ☐ Addition
NAME		4.2 NAME	****200.00 ****200.00
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	DEA
STREET ADDRESS		6.3 STREET ADDRESS	2-23
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. Further certify that the information indicated on the 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: Carolyn Cornett
Carolyn Cornett, Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

2/16/95 (904) 726-8659
Date Daytime Phone #

0942A04 CP