

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 338678

(6)

1. Corporation Name

HOLBERT ELECTRIC, INC. MEMPH, CORP.

N/C 12/13/96

Principal Place of Business

4960 LAKE VIEW DR  
MIAMI BEACH FL 33139

Mailing Address

4960 LAKEVIEW DRIVE  
MIAMI BEACH FL 33140-2637  
US

3. Date Incorporated or Qualified

12/10/1968

3a. Date of Last Report

05/01/1996

4. FEI Number

58-1228112

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 4960 Lakeview Dr

Suite, Apt. #, etc.

22 City & State

23 Miami Beach FL

24 Zip

25 Dade

26 Country

27 33140

28 Dade

29 33140

30 Dade

31 Dade

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2a. Mailing Address

26 4960 Lakeview Dr

Suite, Apt. #, etc.

27 City & State

28 Miami Beach FL

29 Zip

30 33140

31 Dade

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9. Name and Address of Current Registered Agent

HOLBERT, WILLARD C  
1404 ALTON RD  
MIAMI BEACH FL 33140

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 WILLARD C. HOLBERT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HOLBERT, WILLARD C

STREET ADDRESS 1404 ALTON RD.

CITY-ST-ZIP MIAMI BEACH FL

TITLE SDT ☐ DELETE

NAME HOLBERT, FLORENCE

STREET ADDRESS 1404 ALTON RD

CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4960 LAKEVIEW DR

MIAMI BEACH FL 33140

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4960 LAKEVIEW DR

MIAMI BEACH FL 33140

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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\*\*\*173.75

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 changed, or on an attachment with an address.

SIGNATURE WILLARD C. HOLBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

Date

305-866-3205

Daytime Phone #

0192032

CR2E034 (9/96)