

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 377539 (2)

1. Corporation Name
J & K ELECTRIC, INC.



Principal Place of Business
2712 20TH AVE NORTH
ST PETE FL 33713

Mailing Address
2712 20TH AVE NORTH
ST PETE FL 33713

3. Date Incorporated or Qualified 02/22/1971	3a. Date of Last Report 03/08/1995
4. FCI Number 59-1313783	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	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COOKE, WALKER A, JR. 12964 OAKHURST RD. SEMINOLE FL 33542		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code FL

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 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____
As a new Registered Agent, the person who is not applying _____
As a Registered Agent, the person who is not applying _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
2. NAME	COCKE, WALKER A. SR.	2.1 NAME	
3. STREET ADDRESS	2728 20TH AVENUE N.	3.1 STREET ADDRESS	
4. CITY-STATE-ZIP	ST PETERSBURG FL	4.1 CITY-STATE-ZIP	
5. TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
6. NAME	COCKE, WALKER A. JR.	6.1 NAME	
7. STREET ADDRESS	12964 OAKHURST RD.	7.1 STREET ADDRESS	
8. CITY-STATE-ZIP	SEMINOLE FL	8.1 CITY-STATE-ZIP	
9. TITLE	STD	9.1 TITLE	☐ Change ☐ Addition
10. NAME	ZUMWALT, JAMES M, JR	10.1 NAME	
11. STREET ADDRESS	315-6TH AVENUE	11.1 STREET ADDRESS	
12. CITY-STATE-ZIP	INDIAN ROCKS BCH FL	12.1 CITY-STATE-ZIP	
13. TITLE		13.1 TITLE	☐ Change ☐ Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY-STATE-ZIP		16.1 CITY-STATE-ZIP	
17. TITLE		17.1 TITLE	☐ Change ☐ Addition
18. NAME		18.1 NAME	
19. STREET ADDRESS		19.1 STREET ADDRESS	
20. CITY-STATE-ZIP		20.1 CITY-STATE-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 assigned, or on an attachment with an address.

SIGNATURE: _____ /President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96 (813) 323-2288
Date Telephone

CR2E034 (12/95)