

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

FILED

Feb 11 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 # **401286**

(0)

1. Corporation Name

TAMCO ELECTRIC INC.



Principal Place of Business

**4022 W SOUTH AVE.
TAMPA FL 33614
US**

Mailing Address

**4022 W SOUTH AVE
TAMPA FL 33614-6553
US**

3. Date Incorporated or Qualified

05/16/1972

3a. Date of Last Report

02/13/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1396630

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

**MOATES, STEVEN
18122 WAYNR ROAD
ODESSA FL 33558**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | MOATES, STEVEN | |
| STREET ADDRESS | 5009 N WESTSHORE BLVD | |
| CITY - ST - ZIP | TAMPA, FL 00000 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | MOATES, MATTHEW | |
| STREET ADDRESS | 5009 N WESTSHORE BLVD. | |
| CITY - ST - ZIP | TAMPA FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | MOATES, MICHELLE | |
| STREET ADDRESS | 5009 N WESTSHORE BLVD | |
| CITY - ST - ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | MOATES, STEVEN | |
| 1.3 STREET ADDRESS | 4022 W. SOUTH AVE | |
| 1.4 CITY - ST - ZIP | TAMPA, FL 33614 | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MOATES, MATTHEW | |
| 2.3 STREET ADDRESS | 4022 W. SOUTH AVE | |
| 2.4 CITY - ST - ZIP | TAMPA, FL 33614 | |
| 3.1 TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | MCFARLAND, CARRIE | |
| 3.3 STREET ADDRESS | 4022 W. SOUTH AVE | |
| 3.4 CITY - ST - ZIP | TAMPA, FL 33614 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - 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 changed, or on an attachment with an address.

SIGNATURE:

Steven C. Moates 2.4.97 813-876-3566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/mo Phone #

CR2E034 (9/96)