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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUM	MENT #	<i>4</i> 117	52	(9)							
JERGUSON ELECTRIC, INC.											
Principal Place of Business Mailing Address									FAU IIUI DIBII B	ILII UIJE UII)/ 0 810 0 011 4 01
3156 PEMBROKE ROAD PEMBROKE PARK FL 33009				3156 PEMBROKE ROAD PEMBROKE PARK FL 33009							
								3. Date Incorporated or Qualified 10/25/1972		of Last Re	,
2. Principal Pla	ace of Business	<u>;</u>	2a. 26	2a. Mailing Address 26				4, FEI Number 59-1437590	Applied For Not Applicable		
Suite, Apt. 4	#, etc.			Suite, Apt. #, etc.				Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State				City & State				6. Election Campaign Financing			May Be
23	· · · · · · · · · · · · · · · · · · ·		28					Trust Fund Contribution		Added to Fees	
Zip 24	Country 25			Zip Country			•	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
9. Name and Address of Current Registered Agent								10. Name and Address of New R	egistered #	gent	
						81	Name				
JERGUSON III, A P					ļ	82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
3156 PEMBROKE RD PEMBROKE PARK, FL					ŀ	83					
33009		, .			}	84	City			85 Zip	o Code
							' '		FL		ļ
11. Pursuant t or register familiar wit	to the provision ed agent, or bo th, and accept	s of Sections 607.050 oth, in the State of Flo the obligations of, Se	02 and 607 orida. Such ction 607.0	'.1508, Florida Statute change was authorize)505, Florida Statutes.	s, the abored by the c	ve-r orp	named corpora oration's board	tion submits this statement for the pur I of directors. I hereby accept the appo	pose of cha pintment as	nging its ri registered	agistered office agent. I am
SIGNATURE	Slanative typed or r	printed name of registered ago	ont and title if a	nolicable (NO)	F Benistered	Aner	nt signature required	when reinstation	DA16		
12.		OFFICERS A			13.			ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
TITLE	PD			☐ DELETE	1.1 7)	`Lŧ		-		Change	Addition
NAME		SON, A P			1.2 NA	ME					
STREET ADDRESS		EMBROKE RD			1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	PEMBRO	OKE PARK, FL 00	000	- Delete		•	ST-ZIP			7 Channe	FTI Addition
TITLE				☐ DELETE	2.1 7				L.] Change	Addition
NAME STREET ADDRESS					2.2 NA		ADDRESS				+
CiTY-ST-ZIP					2400		ľ				l
TITLE	 			DELETE	3. 1 Ti		,,) Change	Addition
NAME					3.2 NA	ME	ļ				1
STREET ADDRESS					3.3. S1	REE	T ADDRESS				
CITY-ST-ZIP					3.4 Cf	Y-S	ST-ZIP				
TITLE				DELETE	4. 1 Ti	"LE] Change	☐ Addition
NAME					4.2 NA						
STREET ADDRESS							ADDRESS				ł
CITY-ST-ZIP				Direction	4.4 Ci		ST - ZIP			7 Channa	
THILE				☐ DELETE	5 1 T				L] Change	☐ Addition
NAME STREET ADDRESS	1				52 NA		ADDRESS				
STREET ADDRESS											
CITY-ST-ZIP TITLE				DELETE	5 4 Cri	_		· · · · · · · · · · · · · · · · · · ·	—	Change	Addition
NAME					62 NA						
STREET ADDRESS							ADDRESS				
CITY-S1-ZIP							ST-ZIP				
	v certify that th	e information supplied	d with this t	filing is voluntarily furni				r the exemption stated in Section 119.	07(3)(k) Flo	ida Statut	es I further

rad hereby certify that the information supplied with this litting is voluntarily furnished and does not quality for the exemption stated in Section 1.19-07-5)kg, Florida Statutes. Turner certify that the information indicated on this annual report is supplied 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 proporation 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 12 if ghanged, or on an attachment with an address.

SIGNATURE: X