FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

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

95 APR 14 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **425154** **(2)**

1. Corporation Name
ST. PETERSBURG ELECTRIC, INC.

Principal Place of Business	Mailing Address
10830 CANAL ST. LARGO FL 34647	10830 CANAL ST. LARGO FL 34647

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/04/1973**
3a. Date of Last Report: **08/26/1994**

2. Principal Place of Business
21 County Rd 437 #960
22 Suite, Apt. #, etc. Lake Panasoffkee
23 City & State Florida
24 Zip 33538 25 Country Sumter

2a. Mailing Address
26 County Rd. 437 #960
27 Suite, Apt. #, etc. Lake Panasoffkee
28 City & State Florida
29 Zip 33538 30 Country Sumter

4. FEI Number: **59-1456344** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GUINN, RICKEY T.
3796 -139 AVE. N.
LARGO FL 33540

10. Name and Address of New Registered Agent

81 Name: Guinn, Rickey T
82 Street Address (P.O. Box Number is Not Acceptable): CR 437 - #960
83
84 City: Lake Panasoffkee FL 85 Zip Code: 33538

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	PT ☑ Change ☐ Addition
NAME	GUINN, RICKEY T.	12 NAME	Guinn, Rickey T.
STREET ADDRESS	3796 139 AVE N	13 STREET ADDRESS	County Rd. 437 #960
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP	Lake Panasoffkee, Fl. 33538
TITLE	VS	21 TITLE	VS ☑ Change ☐ Addition
NAME	GUINN, THERESA	22 NAME	Guinn, Theresa
STREET ADDRESS	3796 139 AVE N	23 STREET ADDRESS	County Rd. 437 #960
CITY-ST-ZIP	LARGO FL	24 CITY-ST-ZIP	Lake Panasoffkee, Fl. 33538
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Theresa M. Guinn 4/10/95 904/568-0443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

034347 CP