

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:55

DOCUMENT # 446302

(2)

1. Corporation Name

ELECTRICAL CONTRACTORS, INC.

Principal Place of Business

442 NW 35TH ST
BOCA RATON FL 33431

Mailing Address

442 NW 35TH ST
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified
02/14/1974

3a. Date of Last Report
04/18/1994

4. FE Number
59-1517150

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

21 123 NW 43 ST

2a. Mailing Address

26 123 NW 43 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BOCA RATON FL

City & State

28 BOCA RATON FL

Zip

24 33431

Country

25 USA

Zip

26 33431

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAINTER, JAMES M, PA
1300 NORTH FEDERAL HWY., SUITE #110
BOCA RATON FL 33432

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VST
NAME LEWIS, FREDDIE A.
STREET ADDRESS 442 NW 35TH ST
CITY-ST-ZIP BOCA RATON, FL 0

TITLE PD
NAME RICHARDS, ELIZABETH C.
STREET ADDRESS 442 NW 35TH ST.
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 123 NW 43 ST.
1.4 CITY-ST-ZIP BOCA RATON, FL 33431

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 123 NW 43 ST
2.4 CITY-ST-ZIP BOCA RATON, FL 33431

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

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 110.07(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 changed, or on an attachment with an address.

SIGNATURE: E.C. Richards E.C. RICHARDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/95

Date

407-391-9860

Daytime Phone