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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 454547

(1)

ARROW ELECTRIC COMPANY

FILED

Apr 30 1997 8:00am

Secretary of State

Principal Place of Business		Mailing Address				- I herre diadi dişil dibbi uşili alatı ladı debte bibli gibli alatı bibli bibli dibi				
801 PALM STREET P.O. BOX 467 WEST PALM BEACH FL 33402		501 PALM STREET P.O. BOX 467 WEST PALM BEACH FL 33402-0467								
					3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996			Report		
	lace of Business	2a. Mailing Address				4. FEI Number			pplied For	
21		26							ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing	Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Added	to Fees	
— Zip			L	Country		8. This corporation has liability for in			s. 199.032,	
24	25 9. Name and Address of Curren		30			Florida Statutes X 10. Name and Address of New Rec	Yes [
	······································	r negistered Agent		B1	Name	10. Name and Address of New Reg	ISTOLOGO 1	yent		
	SON, JAMES D.		Ĺ		Hamo					
	PALM STREET PALM BCH FL 33401			82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)			
VV.	PALM DUT PL 33401		}	83			··		· · · · · · · · · · · · · · · · · · ·	
			-	84	City			85 Zip	Code	
							FL			
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607 1508, Florida Statulo of Florida. Such change was a ations of, Section 607.0505, Flo	os, the ab nuthorized orida Statu	ove i by utes	e-named corporation	oration submits this statement for the pr on's board of directors. Thereby accep	irpose of t the app	changing ointment as	its registered s registered	
SIGNATURE	Signature, lyped or printed name of registered age	nt and the if applicable (NOTE	: Realstered	Age	nt signature require	od when reinstating)	DATE			
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	RS IN 12	
TITLE	\$	DELETE	1.1 T)T	LE				Change	Addition	
NAME	EASON, DALLAS JOY		12 NA	ME						
STREET ADDRESS			13 518	13 STREET ADDRESS		•				
CITY-ST-ZIP			1.4 CIT	Y-SI	T - ZIP					
TITLE	P			21 TITLE				Change	Addition	
NAME	EASON, JAMES D.		2.2 NA	Mξ						
STREET ADDRESS	5729 FERNLEY DR.		2.3 ST	REET.	ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL		2. 4 CI	ly•S	T - ZIP					
TITLE	V	DELETÉ	3.1 7(7	L€			,	Change	Addition	
NAME	EASON, JAMES K.		. 3.2 NA	ME	1					
STREET ADDRESS	6598 LAWRENCE WOOD CT.		3.3 \$11	REET.	ADDRESS					
CITY-ST-ZIP	LANTANA FL	T Street	3 4. CI		I-ZP					
TITLE		☐ DELETE	4.1 111					L Change	Addition	
NAME			4 2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		De tae	4.4 CIT		1-719		·	0	TT 4 4 4 9 4 1	
TITLE		L_ DELETE	5.1 Tiff					Change	Addition	
NAME			5.2 NA							
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP		Dritte	5.4 011		T-ZIP		····	0	F Autora	
TITLE		DELETE	6.1 T(T					☐ Change	Addition	
NAME			6.2 NA							
STREET ADDRESS			6.3 STI	REE1.	ADDRESS					
A 1731 AT 1840			0.400		I					

14. I do hereby certify that the information sumflied 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 thue 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 frustee 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.

CICMATUDE.

Come A. M.

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