

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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 457229

(3)

1. Corporation Name

PALM CITY ELECTRIC, INC.

Principal Place of Business

**7961 MERCANTILE ST.
P O BOX 3321
NORTH FT. MYERS FL 33918**

Mailing Address

**7961 MERCANTILE ST.
P O BOX 3321
NORTH FT. MYERS FL 33918**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/19/1974

3a. Date of Last Report
04/11/1994

4. FBI Number
59-1541804

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. Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

30. Country

9. Name and Address of Current Registered Agent

**SMITH, STEVEN L
258 BYRON AVE
N FT MYERS FL 33903**

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 consulting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CPD
SMITH, STEVEN L
258 BYRON AVE
N FT MYERS, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
SMITH, RICKY B
1249 MCNEIL RD.
N FT MYERS, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
DAVIS, TRACY A
1730 SANDY CIR #110
CAPE CORAL FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
RACHT, ROBERT G
331 LAKEVIEW DR
N FT MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AST
HAMILTON, LINDA D
2213 HIBISCUS RD SE
FT MYERS FL**

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

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN L. SMITH

Date

4/19/95

Signature Here

(813)

543-1522