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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #1. Corporation Name

(9)

C & I CALEC AND SERVICE CODD

Principal Place 420 GENEVA P.O. BOX 58	A DR 30	Mailing Address 420 GENEVA DR P.O. BOX 580			
OVIEDO FL 32765		OVIEDO FL 32765		 Date incorporated or Qualified 06/26/1975 	3a. Date of Last Report 04/04/1995
	ace of Business	2a. Mailing Address	20500	4, FEI Number	Applied For
Suite, Apt. #, etc		26 P. O. Box 6	20360	59-1604799 Not Applicable Status Pasired Pasired Pasired Status Pasired Pasired Pasired Status Pasired Pasi	
22		27		5. Certificate of Status Desired	Fee Required
Oity & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Oviedo, FL	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 32762-0580	Country 30 Seminole	1	or intangible tax under s. 199.032, es. No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New	Registered Agent
420 GE	nson, robert s. Neva dr) Fl 32765		82 Street Add 83 84 City	dress (P.O. Box Number is Not Accept	FL 85 Zip Code
SIGNATURE .	Signardie Tiped or princeo hank of nigisterod agent OFFICERS AND	D DIRECTORS	D.E. Rogistered Agreit signatur, requi		2/21/65 DATE FRICERS AND DIRECTORS IN 12
TITLE	PD POPERT OF	☐ DELETE	1. 1 TIT: F		☐ Change ☐ Addition
NAME CARLE ARROYCE	STEVENSON, ROBERT S 420 GENEVA DR		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	OVIEDO FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	STD	DELETE	2 1 TITLE		Change Addition
NAME	STEVENSON, JUDITH A		2 2 NAME		
STREET ADDRESS	420 GENEVA DR		2.3 STREET ADDRESS		
CITY - ST - ZIF	OVIEDO FL		2 4 CITY-ST-ZIP		
T-TLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS CITY-ST ZIP			3.3 STREET ADDRESS 3.4 City Styzip		
TILL		DETELE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZP			4.4 CHTY ST-ZIP		
10116		☐ DELETE	5 1 FITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADORESS		
CITY- ST ZIP		<u>.</u>	5.4 CHY: S1: Z02		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - S1 - ZIP			€ 4 CITY · S1 · 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)(k), Florida Statutes. 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Relect S. Stuenan NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/95 (407)365-7590