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

**PROFIT CORPORATION ANNUAL REPORT** 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 498524

DI VONA BROTHERS ELECTRIC, INC.

(8)

Mailing Address

LILED							
May 01 1997 8:00am	ì						
Secretary of State							

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9405 DREXEL ST TAMPA FL 33620		3405 DREXEL ST TAMPA FL 33607-	3405 DREXEL ST TAMPA FL 33607-1518					
					3. Date Incorporated or Qualified 03/10/1976	3a. Date of Last Report 05/01/1996		
2. Principal Place of Business 2a. Mailing Address			SS		4. FEI Number 59-1649212	Applied For		
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.			elo.		39-1049212	Not Applicable		
22					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip		ountry	8. This corporation has liability for in			
24 . 25 29 30  9. Name and Address of Current Registered Agent						Yes No		
MAI	RTINO, ANGELO	s or Current negistered Agent		81 Name /	10. Name and Address of New Reg	Jistered Agent		
	2 1/2 E. 7TH AVE.			C	ONCE HA DIVONA			
	APA FL			82 Street Add	ress (P.O. Box Number is Not Acceptable 405 PREXEL 57			
****				83	TOS PREMEZ DI			
				84 City	TAMPA	FL 85 7 Code 3 9		
11. Pursuant	to the provisions of Section	ons 607.0502 and 607.1508, Florida	Statules, the	ahove-named con	poration culpraite this statement for the pr	moogo 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 Lam familiar with and accept the obligations of Section 607 6565. Elorida Statutes								
SIGNATURE	Concetta	De Vona CONCET		ONA, VPT	4 DOF DIVONA BROT	hees ELECTRIC INC		
12.		of registered agent and tille if applicable FICERS AND DIRECTORS	(NOTE Register	ed Agent signature requi	red when reinstating)	DATE 9 - 21 - 97		
TITLE	PDS	DEL	13. FTE 11	INTLE	ADDITIONS/CHANGES TO OFFICE	Change Addition		
NAME	DIVONA, STEPHEN			NAME		C change C Addition		
STREET ADDRESS	AAR DRUM AT			STREET ADDRESS		S		
CITY-ST-ZIP	TAMPA FL			CITY-SI-ZIP		<u>                                   </u>		
TITLE	VPT	☐ DEL		IITLE		Change Addition		
NAME	DIVONA, CONCETTA		2.2	NAME		·		
STREET ADDRESS			2.3	STREET ADDRESS				
CHTY-ST-ZIP	TAMPA FL			CITY-ST-ZIP				
TITLE	D CONCETT	DEL.	ETE 3.1	TITLE		Change Addition		
NAME	DIVONA, CONCETTA 3405 DREXEL ST.	4		3MAN				
STREET ADDRESS	TAMPA FL		1	STREET ADDRESS				
CITY-ST-ZIP TITLE	VPD	DEL		CITY-S1-ZIP UTLE		Change Addition		
NAME	DIVONA, DANIEL	<b>/</b> ****		NAME:		Change C Addition		
STREET ADDRESS	3405 DREXEL ST.			STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP				
TITLE		☐ DFL		ITLE		Change Addition		
NAME			5.2	NAME				
STREET ADDRESS			5.3	STREET ADDRESS				
CITY-ST-ZIP				CITY - ST - ZIP				
TITLE		Diti		litle		☐ Change ☐ Addition		
NAME			1	NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP			64	CITY-ST-ZIP				

14. I do hereby certify that the information supplied 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 true and accurate and that my signature shall have the same legal effect as if made under oath; that if 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.