

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 DEC 13 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 517850 (4)
1. Corporation Name
ALLEN'S ELECTRICAL CENTER INCORPORATED

Principal Place of Business Mailing Address
4655 LENOX AVE. JACKSONVILLE FL 32205
4655 LENOX AVE. JACKSONVILLE FL 32205

REINSTATEMENT *96*

11/01/1976 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address
21 5034 Phillips Hwy 26 5034 Phillips Hwy
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 JACKSONVILLE, FL 28 JACKSONVILLE, FL
Zip Country Zip Country
24 32207 25 DUVAL 29 32207 30 DUVAL

4. FEI Number 59-1712369 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

9. Name and Address of Current Registered Agent
AQUILLA, ALLEN J JR.
4655 LENOX AVENUE
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent
81 Name BRENDA ALLEN MAHORNER
82 Street Address (P.O. Box Number is Not Acceptable) 4655 LENOX AVE
83
84 City JACKSONVILLE FL 85 Zip Code 32205

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 *Brenda Allen Mahorner, Pres.* DATE
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE P ☒ DELETE
NAME AQUILLA, J. A JR.
STREET ADDRESS 4655 LENOX AVENUE
CITY-ST-ZIP JACKSONVILLE FL
TITLE ST ☐ DELETE
NAME MAHORNER, BRENDA A
STREET ADDRESS 4655 LENOX AVE
CITY-ST-ZIP JACKSONVILLE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME BRENDA ALLEN MAHORNER
1.3 STREET ADDRESS 4655 LENOX AVE.
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32205
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 400002033324--7
3.3 STREET ADDRESS -12/19/96--01015--024
3.4 CITY-ST-ZIP ***375.00 ***375.00
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 114.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brenda Allen Mahorner* 11/15/96 904-387-1669
Signature typed or printed name of signing officer or director BRENDA ALLEN MAHORNER
Date Daytime Phone #

CR2E034 (3/96)