

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **526739** (8)
1. Corporation Name
CROSLYN ELECTRIC, INC.



Principal Place of Business
**2010 S.W. 6TH AVENUE
OKEECHOBEE FL 34974**

Mailing Address
**2010 S.W. 6TH AVENUE
OKEECHOBEE FL 34974**

3. Date Incorporated or Qualified 02/28/1977	3a. Date of Last Report 02/10/1995
4. FEI Number 59-1668596	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	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CROSLYN, JAMES E SR.
701 W. SOUTH PARK ST.
OKEECHOBEE FL 33472**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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 607.0506, Florida Statutes.

SIGNATURE

Signature based on the provisions of the law.

Signature based on the provisions of the law.

Signature

12. OFFICERS AND DIRECTORS	
12.1 NAME	☐ DELETE
NAME PD CROSLYN, JAMES E	
STREET ADDRESS 2010 S.W. 6TH AVENUE	
CITY, STATE, ZIP OKEECHOBEE FL 34974	
12.2 NAME	☐ DELETE
NAME SD CROSLYN, REBECCA R	
STREET ADDRESS 2010 S.W. 6TH AVENUE	
CITY, STATE, ZIP OKEECHOBEE FL 34974	
12.3 NAME	☐ DELETE
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.4 NAME	☐ DELETE
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.5 NAME	☐ DELETE
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.6 NAME	☐ DELETE
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 NAME	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, STATE, ZIP	
13.2 NAME	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, STATE, ZIP	
13.3 NAME	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, STATE, ZIP	
13.4 NAME	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, STATE, ZIP	
13.5 NAME	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, STATE, ZIP	
13.6 NAME	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, STATE, 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. 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:

James E. Croslyn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

741 763-2077

CR2E034 (12/95)