

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 12 AM 9:19

DOCUMENT # 532877 (8)  
1. Corporation Name  
HOLLAND ELECTRIC SOUTH, INC.

Principal Place of Business 101 DICKIE WAY DRIVE, MILE MAKER 81 1/2 P.O. BOX 62 ISLAMORADA FL 33036	Mailing Address 101 DICKIE WAY DRIVE, MILE MAKER 81 1/2 P.O. BOX 62 ISLAMORADA FL 33036
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/03/1977	3a. Date of Last Report 06/22/1994
4. FEI Number 59-1749649	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has waived for intangible tax under S. 199.032, Florida Statutes Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

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

9. Name and Address of Current Registered Agent MOELLER, JULIA M 82754 OVERSEAS HWY., BAYSIDE ISLAMORADA FL 33036	10. Name and Address of New Registered Agent
B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL B5 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 of registration (607.1508) Registered Agent signature required when reinstating (607.1508)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOELLER, JULIA M	1.2 NAME	
STREET ADDRESS	82754 OVERSEAS HWY.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ISLAMORADA FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, JULIANA	2.2 NAME	
STREET ADDRESS	912 NE 3RD ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOELLER, RICHARD A	3.2 NAME	
STREET ADDRESS	82762 OVERSEAS HWY., UNIT 6	3.3 STREET ADDRESS	
CITY - ST - ZIP	ISLAMORADA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(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: *Julia M. Moeller, pres.* Julia M. Moeller 6-5-95 305/664-4866  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (607.1508)