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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIV. OF CORPORATIONS

DOCUMENT # **533202** **(8)**

1. Corporation Name

U & R ELECTRIC, INC.

Principal Place of Business	Mailing Address
540 N. HIGHWAY 434 STE. 534-A ALTAMONTE SPRINGS FL 32701 US	~~5649 CARDER RD.~~ ~~P O BOX 60720/ORLANDO, FL/32860-0226~~ ~~ORLANDO FL 32810~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/06/1977	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 540 W. Hwy 434	59-1736885	Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 SUITE 534A	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 ALTAMONTE SPGS, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / 24	County, 25	Zip / 29 32714	County 30 SEMINOLE

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RANDELL, LESTER D. 540 N. HWY 434 STE. 534-A ALTAMONTE SPRINGS FL 32701	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	11 TITLE	☐ Change ☐ Addition
NAME	RANDALL, LESTER D	12 NAME	
STREET ADDRESS	514 GREENBRIAR BLVD	13 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRG, FL 00000	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	RANDALL, LESTER D.	22 NAME	
STREET ADDRESS	514 GREENBRIAR BLVD.	23 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRING FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report.

SIGNATURE: Lester D. Randall 2-27-95 407-774-5706
SIGN HERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C060326 CP