FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **556305** **(1)**

1. Corporation Name

DESIGN ELECTRICAL CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1002 S.E. FIRST STREET BOYNTON BEACH FL 33435 US	1002 S.E. 1ST. STREET BOYNTON BEACH FL 33435 US

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

3. Date Incorporated or Qualified: **12/29/1977**

3a. Date of Last Report: **05/01/1995**

4. F.E.I. Number: **59-1801199** ☐ 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

ALEXANDER, LARRY, B
505 S FLAGLER DR., SUITE 1100
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1504, 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. The 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LIVERGOOD, BRUCE		12 NAME	
STREET ADDRESS	2607 BAHIA RD.		13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		14 CITY-ST-ZIP	
TITLE	S	☒ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	LIVERGOOD, STEVEN		22 NAME	Secretary
STREET ADDRESS	6895 EASTVIEW DRIVE		23 STREET ADDRESS	Marianne Polulack
CITY-ST-ZIP	LANTANA FL		24 CITY-ST-ZIP	3484 Chickasaw Cr.
TITLE		☐ DELETE	31 TITLE	Lake Worth, Fl 33467 ☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	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 complete, furnished in good faith, 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above.

SIGNATURE: X _____ 2/14/96 407-734-4181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)