

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **581395** (1)

1. Corporation Name

**ALL ELECTRIC & LIGHTING SERVICE, INC.**



Principal Place of Business

Mailing Address

18849 SAKERA RD  
P.O. BOX 956  
HUDSON FL 34667  
US

18849 SAKERA RD  
P.O. BOX 956  
HUDSON FL 34667  
US

3. Date Incorporated or Qualified  
**08/07/1978**

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

2. Principal Place of Business

2a. Mailing Address

21 **5295 CULBREATH RD.**  
Suite, Apt. #, etc.

26 **P.O. Box 10298**  
Suite, Apt. #, etc.

22 **Brooksville, FL.**  
City & State

27 **Brooksville, FL**  
City & State

23 **8**  
Zip

28 **HERNANDO**  
Country

24 **34601**  
Zip

25 **HERNANDO**  
Country

29 **34601**  
Zip

30 **HERNANDO**  
Country

4. FEI Number  
**59-1844123**

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

CRIMI, STEVEN J  
18849 SAKERA RD  
HUDSON FL 34667

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **5295 CULBREATH RD.**

84 **Brooksville**  
City

FL

85 **34601**  
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. This 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

*Steven J. Crimi*

**STEVEN J. CRIMI**

**President 4/30/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	UGARTECHE, DENISE	
STREET ADDRESS	9357 ELIDA RD	
CITY - ST - ZIP	SPRING HILL, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MAZZUCIO, MARJANO	
STREET ADDRESS	9750 SUNBEAM DR	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MAZZUCO, LORETTA	
STREET ADDRESS	9750 SUNBEAM DRIVE	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CRIMI, STEVEN J	
STREET ADDRESS	5295 CULBRAETH RD	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	CRIMI, CORINE	
STREET ADDRESS	5295 CULBREATH RD	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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 as an attachment with an address.

SIGNATURE:

*Corine Crimi*

**CORINE CRIMI**

**4-30-96**

**352-796-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)