

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 # 587782

(4)

1. Corporation Name

DISALVO ELECTRIC, INC.



Principal Place of Business

4302 E. 10TH AVE.
SUITE 302
TAMPA FL 33605

Mailing Address

4302 E. 10TH AVE.
SUITE 302
TAMPA FL 33605

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DISALVO, JOE JR.
4302 E. 10TH ST.
SUITE 302
TAMPA FL 33605

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person who is changing the registered office, agent, or both

(If the filer is a filer of a separate report, check this box)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
PSD	DISALVO, JOE JR.	8007 TEMPLE PLACE	TAMPA FL 33617	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE	6. Change	7. Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	☐	☐	☐
2. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	☐	☐	☐
3. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	☐	☐	☐
4. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	☐	☐	☐
5. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	☐	☐	☐
6. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	☐	☐	☐
7. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	☐	☐	☐
8. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	☐	☐	☐
9. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	☐	☐	☐
10. TITLE	2. NAME	3. STREET ADDRESS	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 or authorized 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 on an attachment with an address.

SIGNATURE: Joe DiSalvo Jr. *Joe DiSalvo Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96

(813) 242-0301

CR2E034 (12/95)