

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State

1996 4-8-96

B-3204

IF CORPORATIONS C

DOCUMENT # 591060

(9)

1. Corporation Name

CHAMBERS ELECTRIC, INC.



Principal Place of Business

921 N. LIME AVE
SARASOTA FL 34237
US

Mailing Address

921 N. LIME AVE
SARASOTA FL 34237
US

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			29		

9. Name and Address of Current Registered Agent

CHAMBERS, DAVID S. JR.
3744 MALEC CIRCLE
SARASOTA, FL 34233

3. Date Incorporated or Qualified

10/25/1978

3a. Date of Last Report

03/20/1995

4. FCI Number

59-1852487

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. 193.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 production of registered agent in this case) (4)

Printed Name of Agent (if the registered agent is not the corporation) (4)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	VD	☐ DELETE
2. NAME	CHAMBERS, DAVE	
3. STREET ADDRESS	4351 IOLA DR	
4. CITY-STATE-ZIP	SARASOTA, FL 00000	
5. TITLE	PD	☐ DELETE
6. NAME	CHAMBERS, DAVID S JR	
7. STREET ADDRESS	3744 MALEC CIR	
8. CITY-STATE-ZIP	SARASOTA, FL 00000	
9. TITLE	TD	☐ DELETE
10. NAME	CHAMBERS, SHARON	
11. STREET ADDRESS	4351 IOLA DR	
12. CITY-STATE-ZIP	SARASOTA, FL 00000	
13. TITLE	SD	☐ DELETE
14. NAME	CHAMBERS, JOAN	
15. STREET ADDRESS	3744 MALEC CIR	
16. CITY-STATE-ZIP	SARASOTA, FL 00000	
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

David S. Chambers

David S. Chambers Pres 4/1/96 (941) 953-3012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)