

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 # 593913 (7)

1. Corporation Name

ALL PHASE ELECTRIC & MAINTENANCE, INC.



Principal Place of Business

4301 W SOUTH AVENUE
TAMPA FL 33614

Mailing Address

4301 W SOUTH AVENUE
TAMPA FL 33614

3. Date Incorporated or Qualified
11/20/1978

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1867878

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. 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

PUELO, PAUL N.
4301 W SOUTH AVENUE
TAMPA FL 33614

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 typed or printed name of registered agent and the corporation

JOE: Registered Agent Signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PUELO, PAUL N.	
STREET ADDRESS	19202 HANNA RD.	
CITY - ST - ZIP	LUTZ FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PUELO, SHARON LEE	
STREET ADDRESS	19202 HANNA RD.	
CITY - ST - ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	VPD
33. STREET ADDRESS	PUELO, TRAVIS P.
34. CITY - ST - ZIP	19030 HANNA ROAD
	LUTZ, FL 33549
4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	VPD
43. STREET ADDRESS	PUELO, TROY
44. CITY - ST - ZIP	19054 HANNA ROAD
	LUTZ, FL 33549
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	VP
53. STREET ADDRESS	PUELO, NICHOLAS
54. CITY - ST - ZIP	16127 ARMISTEAD LAND
	ODESSA, FL 33556
6. 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 or changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

4/29/96 813 876-7074

CR2E034 (12/95)