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Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 656338 (1)  
1. Corporation Name  
SEACOAST ELECTRIC, INC.



Principal Place of Business  
1111 S.W. 17TH ST.  
OCALA FL 34474

Mailing Address  
1111 S.W. 17TH ST.  
OCALA FL 34474-3586

3. Date Incorporated or Qualified  
02/19/1980

3a. Date of Last Report  
01/23/1996

4. FEI Number  
59-1982690

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 3300 SW 34<sup>th</sup> AVE  
Suite, Apt. #, etc.  
22 Suite 102  
City & State  
23 Ocala FL  
Zip  
24 34474 Country  
25 USA

2a. Mailing Address  
26 Same  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29 Country  
30

9. Name and Address of Current Registered Agent  
ISENHOUR, JAMES K.  
1111 S.W. 17TH ST.  
OCALA FL 34474

10. Name and Address of New Registered Agent  
81 Name James K. Isenhour  
82 Street Address (P.O. Box Number is Not Acceptable)  
3300 SW 34<sup>th</sup> AVE  
83 Suite 102  
84 City Ocala FL 85 Zip Code 34474

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 James K. Isenhour - [Signature] DATE 4-16-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	ISENHOUR, JAMES K	1.2 NAME	
STREET ADDRESS	1111 S.W. 17TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	ISENHOUR, TANZEE N.	2.2 NAME	
STREET ADDRESS	1111 S.W. 17TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	ISENHOUR, TAYLAR	3.2 NAME	
STREET ADDRESS	1111 S.W. 17TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ISENHOUR, JAMES K II	4.2 NAME	
STREET ADDRESS	1111 S.W. 17TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ISENHOUR, LAUREN	5.2 NAME	
STREET ADDRESS	1111 S.W. 17TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: [Signature] DATE 4-16-97 352-873-7757

CR2E034 (9/96)