

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 657573 (2)
1. Corporation Name
ELECTRICAL MATERIALS INSTALLATION, INC.

Principal Place of Business

3918 SERUBI AVE.
LAKE WORTH FL 33461

Mailing Address

3918 SERUBI AVE.
LAKE WORTH FL 33461-40243. Date Incorporated or Qualified
02/29/19803a. Date of Last Report
06/05/1996

2. Principal Place of Business

21 3711 Trout Island Pl.

Suite, Apt. #, etc.

22

City & State

23 Melbourne, Fl. 32934

Zip

24 32934

Country

25 USA

2a. Mailing Address

26 3711 Trout Island Pl.

Suite, Apt. #, etc.

27

City & State

28 Melbourne, Fl. 32934

Zip

29 32934

Country

30 USA

4. FEI Number

59-1999567

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILBURN, TYRONE LEE
1957 10TH AVENUE NORTH
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name

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

3711 Trout Island Place

83 Melbourne

84 City

85 Zip Code
FL 32934

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETENAME WILBURN, TYRONE LEE
STREET ADDRESS 3918 SERUBI AVENUE
CITY-ST-ZIP LAKE WORTH FLTITLE D ☐ DELETENAME WILBURN, TYRONE LEE
STREET ADDRESS 3918 SERUBI AVENUE
CITY-ST-ZIP LAKE WORTH FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS 3711 Trout Island Place
1.4 CITY-ST-ZIP Melbourne, Fl. 329342.1 TITLE ☐ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS 3711 Trout Island Place
2.4 CITY-ST-ZIP Melbourne, Fl. 329343.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
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: Tyrone Lee Wilburn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97 (407) 259-8308

Date Daytime Phone

CR2E034 (9/96)