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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

694116

(5)

DOCUMENT #
1. Corporation Name

MARTINSON ELECTRIC COMPANY

HORNE DIALE		I BIBA BIBA	

Principal Place of Business	Mailing Address			a:a:: 5:4:: 2:2:: 0:4:: 4:4:: 106:
1514 SYDNEY ROAD	P.O. BOX 550			
DURANT-FL 33330 PLANTCITY	CL DURANT FL 33530			
33567	•		9 Date Incorporated or Orgified 20 Date	of Last Boost
			3. Date Incorporated or Qualified 3a. Date 07/01/1981	of Last Report 05/01/1995
2. Principal Place of Business	2a. Mailing Address	- Au	4. FEI Number	Applied For
21 1514 SYDNEY KOI	AD 26 10 130x	550	59-2150759	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 PLANT City, FLO	RIDA 28 DURANT	LORIDA	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for intangible to	ax under s 199.032,
	DOROUGH 29 33530	30 HILLS bonous	Florida Statutes Yes No	
9. Name and Address	of Current Registered Agent		10. Name and Address of New Registered	Agent
MARTINSON, ALFRED R		81 Name		
9003 S. PITT ROAD		ess (P.O. Box Number is Not Acceptable)		
PLANT CITY FL 33566				
FEART CITY FE 33300		83		
		84 City		85 Zip Code
			FL	.]
 Pursuant to the provisions of Sections or registered agent, or both, in the Sta 	607.0502 and 607.1508, Florida Statutes ite of Florida. Such change was authorized	, the above-named corpora d by the corporation's board	ation submits this statement for the purpose of charge of directors. If hereby accept the appointment as	anging its registered office
familiar with, and accept the obligation	is of, Section 607.0505, Florida Statutes.	,	a control of the appointment of	. og.o.o.o.o.agom. ram
SIGNATURE SHAPE	THETTESON			
Signature, typed or printed name of reg 12. OFFIC	gistered agent and title if applicable. (NOTE CERS AND DIRECTORS	Registered Agent signature required		DIDCOTODO IN 10
THLE SD	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME MARTINSON, STEL	LA M	•	'	Change Rudition
STREET ADDRESS 9003 S. PITT ROAL		1.2 NAME		
CITY-SI-ZIP PLANT CITY, FL 00		1.3 STREET ADDRESS		
IIILE PD	☐ DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME MARTINSON, ALFR		2 2 NAME	ľ	
STREET ADDRESS 9003 S. PITT ROAL		2 3 STREET ADDRESS		
CITY-SI-ZIP PLANT CITY, FL 00	0000			
TITLE	DELETE	2 4 CITY - ST - ZIP 3. 1 TITLE		Change Add-tion
NAME		3 2 NAME	·	
STREET ADDRESS		3 3 STREET ADDRESS		
CITY - ST - ZIP		3.4 CITY-ST-ZIP		1
TIFLE	DELETE	4. 1 TITLE		Change Addition
NAME		4.2 NAME	•	
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-Sr-ZIP		4.4 CITY - ST-ZIP		
TATLE	DELETE	5 1 TITLE		Change Addition
NAME		5.2 NAME	•	_ ,
STREET ADDRESS		5 3 STREET ADDRESS		
CITY - ST- ZIP		5 4 CITY-ST-ZIP		
TITLE	DELETE	6 1 TITLE		Change Addition
NAME		6 2 NAME	•	
STREET ADDRESS		6.3 STREET ADDRESS		
City-SI-ZiP		64 CITY-ST-ZIP		
	supplied with this filing is voluntarily furnish		r the exemption stated in Section 119.07(3)(k), Flo	vida Statutos I further

certify triat 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.

4-15-96 813-754-1866