

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 848505 (4)

1. Corporation Name

SERVICE ELECTRIC COMPANY OF TENNESSEE



Principal Place of Business

Mailing Address

608 S HOLTZCLAW AVE/POB 3656  
CHATTANOOGA TN 37404

608 S HOLTZCLAW AVE/POB 3656  
CHATTANOOGA TN 37404

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 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

SEALS, JAMES H.  
2523 EAST FIRST STREET  
FORT MYERS FL 33901

3. Date Incorporated or Qualified

03/13/1981

3a. Date of Last Report

04/04/1995

4. FEI Number

62-0430898

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. 199.032,  
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

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 date of appointment

(If the Registered Agent's signature is required when no change is made)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/>	DELETE
NAME	WREN, LARRY		
STREET ADDRESS	608 SO HOLTZCLAW AVE		
CITY-ST-ZIP	CHATTANOOGA TN		
TITLE	S	<input type="checkbox"/>	DELETE
NAME	GILBERT, BETTY		
STREET ADDRESS	608 SO HOLTZCLAW AVE		
CITY-ST-ZIP	CHATTANOOGA TN		
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

11 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
12 NAME				
13 STREET ADDRESS				
14 CITY-ST-ZIP				
21 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
22 NAME				
23 STREET ADDRESS				
24 CITY-ST-ZIP				
31 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
32 NAME				
33 STREET ADDRESS				
34 CITY-ST-ZIP				
41 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
42 NAME				
43 STREET ADDRESS				
44 CITY-ST-ZIP				
51 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
52 NAME				
53 STREET ADDRESS				
54 CITY-ST-ZIP				
61 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

CR2E034 (3/96)