

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 # 848995

(7)

1. Corporation Name

ALL-PHASE ELECTRIC SUPPLY CO.



Principal Place of Business

875 RIVERVIEW DRIVE
BENTON HARBOR MI 49022

Mailing Address

875 RIVERVIEW DRIVE
BENTON HARBOR MI 49022

3. Date Incorporated or Qualified

04/30/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

4. FET Number

38-1601183

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 filer if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

4/26/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VEGTER, WILLIAM C
STREET ADDRESS 875 RIVERVIEW DRIVE
CITY-ST-ZIP BENTON HARBOR MI

TITLE ☐ DELETE

NAME CB KINNEY, RONALD F
STREET ADDRESS 3401 S LAKESHORE DRIVE
CITY-ST-ZIP ST JOSEPH MI

TITLE ☐ DELETE

NAME VD KINNEY, RICHARD M
STREET ADDRESS 3401 S LAKESHORE DRIVE
CITY-ST-ZIP ST JOSEPH MI

TITLE ☐ DELETE

NAME SD KINNEY, PATRICK J
STREET ADDRESS PO BOX 24, NA
CITY-ST-ZIP ST JOSEPH MI

TITLE ☐ DELETE

NAME P RENWICK, WILLIAM K
STREET ADDRESS 3401 S LAKESHORE DRIVE
CITY-ST-ZIP ST JOSEPH MI

TITLE ☐ DELETE

NAME VD KINNEY, STEPHEN
STREET ADDRESS 3401 LAKESHORE DRIVE
CITY-ST-ZIP ST. JOSEPH MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)