

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**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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: _____ DATE: **4/26/96**
Signature, typed or printed name of registered agent and filer, if applicable. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	V	
NAME	VEGTER, WILLIAM C	
STREET ADDRESS	875 RIVERVIEW DRIVE	
CITY - ST - ZIP	BENTON HARBOR MI	
TITLE	CB	
NAME	KINNEY, RONALD F	
STREET ADDRESS	3401 S LAKESHORE DRIVE	
CITY - ST - ZIP	ST JOSEPH MI	
TITLE	VD	
NAME	KINNEY, RICHARD M	
STREET ADDRESS	3401 S LAKESHORE DRIVE	
CITY - ST - ZIP	ST JOSEPH MI	
TITLE	SD	
NAME	KINNEY, PATRICK J	
STREET ADDRESS	PO BOX 24, NA	
CITY - ST - ZIP	ST JOSEPH MI	
TITLE	P	
NAME	RENWICK, WILLIAM K	
STREET ADDRESS	3401 S LAKESHORE DRIVE	
CITY - ST - ZIP	ST JOSEPH MI	
TITLE	VD	
NAME	KINNEY, STEPHEN	
STREET ADDRESS	3401 LAKESHORE DRIVE	
CITY - ST - ZIP	ST. JOSEPH MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
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: William C Veger Vice Pres. DATE: **4/26/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)