

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 49022-5023

FILED
Apr 29 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/30/1981

3a. Date of Last Report

05/01/1996

4. FEI Number

38-1601183

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

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 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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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

CR2E034 (9/96)