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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **852964** **(6)**

1. Corporation Name
SHAUM ELECTRIC CO., INC.

Principal Place of Business	Mailing Address
1125 N. NAPPANEE ST. **ELKHART IN 46514**	**1125 N. NAPPANEE ST.** **ELKHART IN 46514-1735**

3. Date Incorporated or Qualified: **05/24/1982**
3a. Date of Last Report: **04/09/1996**

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

4. FEI Number: **35-0840342** ☐ 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

HARTMAN, LUCILLE B.
1656 NEW POINT COMFORT RD.
ENGLEWOOD FL 33533

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 of or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHAUM, GARY		1.2 NAME	
STREET ADDRESS	22818 SELBY DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RISSER, WAYNE		2.2 NAME	
STREET ADDRESS	27781 CO. RD. 32		2.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARTMAN, LUCILLE		3.2 NAME	
STREET ADDRESS	1939 RAINBOW BEND BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SHAUM, LEWIS		4.2 NAME	
STREET ADDRESS	70476 CALVIN CENTER RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	EDWARDSBURG MI		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, SANDRA		5.2 NAME	
STREET ADDRESS	60784 C.R. 113		5.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Sandra Clark Secretary 2-12-97 219-264-4189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0479627