

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 856951 (9)

1. Corporation Name

VULCAN ELECTRIC COMPANY



Principal Place of Business

101 R.R. BOX 1  
KEZA FALL FL 04047  
US

Mailing Address

11401 16TH COURT N.  
ST. PETE FL 33716  
US

3. Date Incorporated or Qualified  
06/29/1983

3a. Date of Last Report  
04/24/1995

2. Principal Place of Business

21 3636 131st Avenue North

2a. Mailing Address

26 3636 131st Avenue North

4. FEI Number  
59-2241442

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

23 Clearwater, Florida

City & State

28 Clearwater, Florida

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip Country  
24 34622 25 US

Zip Country  
29 34622 30 US

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 the corporation

Date Registered Agent's Signature requested when re-appointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	QUICK, NANCY	
STREET ADDRESS	11401 16TH CT N	
CITY- ST- ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUKE, STANLEY	
STREET ADDRESS	11401 16TH CT N	
CITY- ST- ZIP	ST PETERSBURG FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	QUICK, MICHAEL	
STREET ADDRESS	11401 16TH CT N	
CITY- ST- ZIP	ST PETERSBURG FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, MILLER	
STREET ADDRESS	11401 16TH COURT N	
CITY- ST- ZIP	ST PETERSBURG FL	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	3636 131st Avenue North
1.3 STREET ADDRESS	Clearwater, FL 34622
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3636 131st Avenue North
2.3 STREET ADDRESS	Clearwater, FL 34622
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VS
5.3 STREET ADDRESS	Ryan, M. Susan
5.4 CITY- ST- ZIP	3636 131st Avenue North
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V
6.3 STREET ADDRESS	Haupt, Stanley
6.4 CITY- ST- ZIP	100 Mountainview Avenue

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the simplified filing procedure under Section 1040.47, 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: *M. Susan Ryan*

M. Susan Ryan, VP 3/12/96 813-576-3562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (12/95)