

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 # **F47350** (6)

1. Corporation Name

PRO ELECTRIC OF GAINESVILLE, INC.



Principal Place of Business

Mailing Address

**C/O JACKIE OLIVER
5901 NW 99TH TERRACE
GAINESVILLE FL 32606**

**C/O JACKIE OLIVER
5901 NW 99TH TERRACE
GAINESVILLE FL 32606**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

32653

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/05/1981

3a. Date of Last Report
04/18/1995

4. FEI Number

59-2122471

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

**OLIVER, JACKIE H PRES.
5901 NW 99TH TERR
GAINESVILLE FL 32601**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85

32653

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

Jack Oliver

Signature is typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

4/17/96

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **OLIVER, JACK**
STREET ADDRESS **5901 NW 99TH TERR**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **ST** ☐ DELETE
NAME **OLIVER, DIANE**
STREET ADDRESS **5901 NW 99TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **V** ☐ DELETE
NAME **OLIVER, MICHAEL**
STREET ADDRESS **5901 NW 99TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jack Oliver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 352-372-6588
Daytime Phone #

CR2E034 (12/95)