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

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:45

DOCUMENT # F50932 (5)

1. Corporation Name
PAPA ELECTRIC, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5415 NW 19 ST<br>MARGATE FL 33063 | 5201 NW 15TH STREET<br>BLDG C-1<br>MARGATE FL 33063<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1981
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business
21: 5201 NW 15TH ST
Suite, Apt. #, etc.
22: Bldg C-1
City & State
23: MARGATE
Zip: 24: 33063
Country: 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip: 29:
Country: 30:

4. FEI Number: 59-2132424
☐ 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

PAPA, JOSEPH P
5415 N.W. 15TH STREET
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: PAPA, Joseph P
82 Street Address (P.O. Box Number is Not Acceptable): 5220 NW 27TH STREET
83:
84 City: MARGATE FL 85 Zip Code: 33063

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: Joseph P Papa 6-23-95
(Signature, typed 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 | 11 TITLE | ☐ Change ☐ Addition |
| NAME | PAPA, JOSEPH P | 12 NAME | |
| STREET ADDRESS | 5220 NW 27TH STREET | 13 STREET ADDRESS | |
| CITY ST ZIP | MARGATE FL | 14 CITY ST ZIP | |
| TITLE | VP | 21 TITLE | ☐ Change ☐ Addition |
| NAME | PAPA, DONNA JO | 22 NAME | |
| STREET ADDRESS | 5220 NW 27TH STREET | 23 STREET ADDRESS | |
| CITY ST ZIP | MARGATE FL | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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)(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: Joseph Papa 6-23-95 305-979-1231
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0100356 CP