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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

F89800

(9)

FMR ELECTRICAL CONTRACTORS, INC.									
Principal Place of Business Mailing Address							III 88 II BIBII BI	TIE BINII DINI	(0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
420 S. WICKHAM RD. P.O. BOX 1977 (32902) W. MELBOURNE FL 32904		420 S. WICKHAM RD. P.O. BOX 1977 (32902) W. MELBOURNE FL 32904						······································	
W. MELBOUR	INE FL 32304	W. MEEDOONNE 1E	OK SUM			 Date Incorporated or Qualified 06/30/1982 		of Last Fle)5/01/19	
2. Principa! Plac	e of Business	2a. Mailing Address				4. FEI Number	·		Applied For
21		26			59-2200191	59-2200191 Not Applica			
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
23	Country	Zip	Cou	intry		8. This corporation has liability for	ntangible ta		
24	25	29	30				∏No		
	g. Name and Address of Curren		11	Γ.		10. Name and Address of New F	egistered /	igent	
	·			81	Name				
MALONEY, RICHARD PATRICK				82 Street Address (P.O. Box Number is Not Acceptable)					
	rk & randy drive Ite BCH. Fl 32937			83					
4 , (1222				84	City		FL	85 Zr	p Code
familiar with SIGNATURE	a agent, or both, in the state of none, and accept the obligations of, Secti	on 607.0505, Florida Statutes	S.			oard of directors. I hereby accept the app	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	PD	☐ DELETE	DELETE : 1. 1 TITI 1.2 NAN					Change	Addition
NAME	MALONEY, RICHARD PATRI								
STREET ADDRESS	655 MARK & RANDY DRIVE		1.3 5	TREET	ADDRESS				
CUTY - ST - ZIF	SATELLITE BCH. FL				ST-ZIP			Change	Addition
THEF	\$	☐ DELETE	2 1 TITL		1		L	7 country	[_] xcomon
MAME .	MALONEY, BONNIE L			22 NAME					
STREET ADDRESS	655 MARK & RANDY DR.				ADDRESS				
C-1Y-SI-ZP	SATELLITE BCH. FL	DELETE		2 4 CITY - ST - ZIP 3. 1 TITLE				Change	[] Addition
11111				3.2 NAME					
NAME STREET ADDRESS					F ADDRESS				
CITY ST ZIP					S1 - ZIP				:
TILLE				4 1 TITLE				Change	Addition
NAM!			4.21	NAME					
STREET ADDRESS			4.3	STREE	I ADDRESS				
CITY-S1-ZIP			44	CIŢY-!	ST-ZIP				
THILE	☐ DELETE :		5.1	5 1 TITLE			ı	Change	☐ Addition
NAME			5.2	NAME					
STREET ADDRESS			5.3	STHEE	T ADDRESS				
CITY: ST_ZIE					ST-ZIP			Channe	Addition
T-1LF		☐ DELETE		TITLE			1	Change	☐ Addition
NAME				NAME	}				
STHEE ADDRESS					LADDRESS				
CHY SI-2IP			6.4	CITY -	ST-ZIP				

14. Ido 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 cath; 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 chapted or on an attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-15-96 467-727-37/2

CR2E034 (12/95)