

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002502 (3)**

1. Corporation Name

**ELECTRAMARK OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

6030-H UNITY DRIVE  
NORCROSS GA 30071

6030-H UNITY DRIVE  
NORCROSS GA 30071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3A. Date of Last Report

05/27/1993

03/25/1994

4. FEI Number

59-2846540

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALHOUN, GARY T  
14021 B. NORTH DALE MABRY  
TAMPA FL 33618

81 Name **Gary T. Calhoun**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2910 W. Waters Ave.**  
83  
84 City **Tampa** FL 85 Zip Code **33614**

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 title if applicable)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PCD
NAME	SCHIEDT, RAY D
STREET ADDRESS	6030-H UNITY DRIVE
CITY, ST, ZIP	NORCROSS GA 30071
TITLE	SD
NAME	SCHIEDT, RITA T
STREET ADDRESS	6030-H UNITY DRIVE
CITY, ST, ZIP	NORCROSS GA 30071
TITLE	D
NAME	CALHOUN, GARY T
STREET ADDRESS	14021-B NORTH DALE MABRY
CITY, ST, ZIP	TAMPA FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>2910 W. Waters Avenue</b>
3.4 CITY, ST, ZIP	<b>Tampa, FL. 33614</b>
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: **Patricia H. Wood** Patricia H. Wood 4-24-95 404-446-7915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)