

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94772 (3)

1. Corporation Name

TOM & SONS ELECTRIC, INC.



Principal Place of Business

Mailing Address

% THOMAS J. DOUVRES
128 MANGROVE LN.
TAVERNIER FL 33070

% THOMAS J. DOUVRES
128 MANGROVE LN.
TAVERNIER FL 33070

2. Principal Place of Business

21 179 PEARL AVE

Suite, Apt. #, etc.

City & State

23 TAVERNIER, FL

Zip

24 33070

Country

25 MONROE

2a. Mailing Address

26 179 PEARL AVE

Suite, Apt. #, etc.

City & State

28 TAVERNIER, FL

Zip

29 33070

Country

30 MONROE

3. Date Incorporated or Qualified

08/17/1982

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2430586

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. 190.032
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

DOUVRES, THOMAS J
128 MANGROVE LN.
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

81 Name

TERRI M. DOUVRES

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

83

179 PEARL AVE

84 City

TAVERNIER

FL

85 Zip Code

33070

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

TERRI M. DOUVRES VP

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

(NOTE: Registered Agent signature required when reinstating)

7/24/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DOUVRES, THOMAS J
STREET ADDRESS 128 MANGROVE LN.
CITY-ST-ZIP TAVERNIER FL

TITLE ☐ DELETE

NAME DOUVRES, THOMAS J JR
STREET ADDRESS 179 PEARL AVE.
CITY-ST-ZIP TAVERNIER FL

TITLE ☒ DELETE

NAME DOUVRES, JEFF C
STREET ADDRESS P.O. BOX 400
CITY-ST-ZIP TAVERNIER FL

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

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ST DOUVRES, THOMAS J. JR ☒ Change ☐ Addition

179 PEARL AVE
TAVERNIER, FL 33070

TAVERNIER, FL 33070

TAVERNIER, FL 33070

TAVERNIER, FL 33070

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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 617, Florida Statutes, and that my name appears in block 12 or block 13 if changed, or on an attachment with an address

SIGNATURE

TERRI M. DOUVRES VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

7/24/96

305-862-2174

Daytime Phone

CR2E034 (3/96)