

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G00314** (6)
1. Corporation Name
PERDIDO ELECTRIC CO.,INC.



Principal Place of Business Mailing Address
100 S. PACE BLVD.
PENSACOLA FL 32501
US

3. Date Incorporated or Qualified **09/10/1982** 3a. Date of Last Report **03/15/1995**
4. FEI Number **59-2225205** 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**
Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent
ROBINSON, KENNETH L.
100 S. PACE BLVD.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent
81 Name **HOULE DOUGLAS E.**
82 Street Address (P.O. Box Number is Not Acceptable)
100 S. PACE BLVD.
83
84 City **PENSACOLA** FL 85 Zip Code **32501**

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 or director, if applicable)

(NOTE: Registered Agent signature required for filing of statement)

DATE

12. OFFICERS AND DIRECTORS
TITLE PO ☒ DELETE
NAME **ROBINSON, KENNETH L.**
STREET ADDRESS **400 S. PACE BLVD**
CITY-ST-ZIP **PENSACOLA, FL 00000**
TITLE VP ☐ DELETE
NAME **GOODWIN, THOMAS E.**
STREET ADDRESS **100 S. PACE BLVD.**
CITY-ST-ZIP **PENSACOLA 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
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **DOUGLAS E. HOULE**
1.3 STREET ADDRESS **100 S. PACE BLVD.**
1.4 CITY-ST-ZIP **PENSACOLA FL 32501**
2.1 TITLE **TREASURER** ☐ Change ☒ Addition
2.2 NAME **DOUGLAS J. HOULE**
2.3 STREET ADDRESS **100 S. PACE BLVD**
2.4 CITY-ST-ZIP **PENSACOLA FL 32501**
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, unchanged, or on an attachment with an address.

SIGNATURE:

Donna J. Houle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS J. HOULE

3-4-96 904 4334121
DATE AND PHONE #

CR2E034 (12/95)