## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G24300

## FLORIDA INDUSTRIAL ELECTRIC, INC.

**FILED** 

Mar 31 1997 8:00am

Secretary of State

| D: 1 LF0   | I.E.   |                               |                         |  |   |                        |               | <i>8</i> 1111   <b>111</b> 1          |
|--|--|-------------------------------|-------------------------|--|---|------------------------|---------------|---------------------------------------|
| Principal Place of Business Mailing Address  |  |                               |                         |  | t iggist, abin siëst didan tille editt Edit   | Billet Billit Alleit A | //WII ###II ( | fills indi                            |
| 811 WILMA STREET POST OFFICE BOX 5227<br>LONGWOOD FL 32750-2134 LONGWOOD FL 32752-21<br>US |  |                               |                         |  |   |                        |               |                                       |
|  |  | US                            |                         |  | 3. Date Incorporated or Qualified   | 3a. Date o             | Last Re       | aport                                 |
|  |  |                               |                         |  | 02/16/1983  | 02/19/                 | 1996          |                                       |
|  |  | 2a. Mailing Address           | dress                   |  | 4. FEI Number   | Applied For            |               |                                       |
| ······································   |  | 26                            |                         |  | 59-2267544  | Not Applicable         |               |                                       |
| Suite, Apt. #, etc<br>22   |  | Suite, Apt. #, etc.           |                         | 5. Certificate of Status Desired             | \$8.75 Additional Fee Required  |                        |               |                                       |
| Orty & State   |  | City & State                  |                         | 6. Election Campaign Financing \$5.00 May Be |   |                        |               |                                       |
| 23   | Country  | 28                            |                         |  | Trust Fund Contribution   |                        | Added to      |                                       |
| Zip  | <u></u> η ΄  | Zip                           | Country                 | ,  | 8- This corporation has liability for   |                        |               | 199.032,                              |
| 24   | 25  <br>9. Name and Address of Currer                |                               | 30                      |  | Florida Statutes  10. Name and Address of New Re  | Yes N                  |               | <del></del>                           |
|  |  | it negistered Agent           | 81                      | Name   | TV. Hame and Address of New Ne  | Aleteled Was           | 11            |                                       |
| JOHNSON, ERROL W. S.   |  |                               | ļ                       |  |   |                        |               |                                       |
| 20 WINDSOR ISLE<br>LONGWOOD FL 32779   |  |                               | 82                      | Street Add                                   | dress (P.O. Box Number is Not Acceptab  | ıle)                   |               |                                       |
|  |  |                               | 63                      |  |   |                        |               |                                       |
|  |  |                               | 84                      | City   |   |                        | S Zip C       | Inde                                  |
|  |  |                               |                         | ' '  |   | FL                     | ·   '         |                                       |
| SIGNATURE  | Sopolarize typical or printed name of registered age | escand their applicable (NOTE | Registered Ag           |  | poration submits this statement for the pation's board of directors. I hereby acception when reinstating) | DATE                   |               | · · · · · · · · · · · · · · · · · · · |
| 12.  | OFFICERS AN  | DELETE                        | 13.                     | <del></del>                                  | ADDITIONS/CHANGES TO OFFIC  |                        |               |                                       |
| NAM <u>é</u>   | PD<br>  JOHNSON, ERROL W                             | I'' DEFEIT                    | 1.3 TITLE               |  |   | لسا                    | Change        | Addition                              |
| STREET ADDRESS   | 20 WINDSOR ISLE                                      |                               | 1.2 NAME                | 1000000                                      |   |                        |               |                                       |
| C-TY - ST - ZIP  | LONGWOOD FL  |                               |                         | ADDRESS                                      |   |                        |               |                                       |
| THE  | VPD  | DELETE                        | 1.4 CITY~:<br>2.1 TITLE | 51 - ZIP                                     |   |                        | Change        | Addition                              |
| NAME   | UMHOLTZ, ADAM C                                      | Z. Prome                      | 2.2 NAME                | 1  |   | ب                      | Ondinge       | E MONION                              |
| STREET AUDRESS   | 5252 GARLANGER TRAIL                                 |                               | 2.3 STREET              | ADDRESS                                      |   |                        |               |                                       |
| C(1) y - \$1 - 2)P   | OVIEDO FL  |                               | 2. 4 CITY-              |  |   |                        |               |                                       |
| TITLE  | VP   | ☐ DELETE                      | 3.1 TITLE               |  |   |                        | Change        | ☐ Addition                            |
| NAME   | ROTHWELL, RONALD H.                                  |                               | 3.2 NAME                |  |   |                        | -             |                                       |
| STREET ADDRESS   | 226 NORHT SCOTT                                      | •                             | 3.3 STREET              | ADDRESS                                      |   |                        |               |                                       |
| CITY ST ZIP  | SANFORD FL   |                               | 3.4. CITY-              | ST-ZIP                                       |   |                        |               |                                       |
| TITLE  | VPD  | ☐ DELETE                      | 4.1 TITLE               |  |   |                        | Change        | Addition                              |
| NAME   | BEHE, ROBERT W                                       |                               | 4. 2 NAME               |  |   |                        |               |                                       |
| STREET ADORESS   |  |                               | 4.3 STREET              | ADDRESS                                      |   |                        |               |                                       |
| C(TY+ST-7)P  | LONGWOOD FL  |                               | 4.4 CITY - 5            | ST-ZIP                                       |   |                        |               |                                       |
| TILLE  | ACS  | DELETE                        | 5.1 TITLE               |  |   |                        | Change        | Addition                              |
| NAME   | HUDSON, VEVECA M                                     |                               | 5.2 NAME                |  |   |                        |               |                                       |
| STREET ADDRESS   | 2221 ILLINOIS AVENUE                                 |                               | 5.3 STREE               | ADDRESS                                      |   |                        |               |                                       |
| CITY - S1 - ZIP  | DELTONA FL   |                               | 5.4 CITY - 5            | T-ZIP  |   |                        |               |                                       |
| TIFLE  | STD  | ☐ DELÉTE                      | 6.1 TITLE               |  |   |                        | Change        | ☐ Addition                            |
| NAME   | KING, NANCY L  |                               | 6.2 NAME                |  |   |                        |               |                                       |
| STREET ADDRESS   | 132 SPRINGHURST CIRCLE                               |                               | 6.3 STREET              |  |   |                        |               |                                       |
| CITY ST-ZIP  | LAKE MARY FL   |                               | 6.4 CITY - 9            | T-7IP  |   |                        |               |                                       |

14. If do hereby certify that the information supplied with this filing 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 it 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: