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PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # G41528 (2)

1. Corporation Name

SEMMER ELECTRIC, INC.

Principal Place of Business	Mailing Address
1130 MAIN STREET	1130 MAIN STREET
FORT MYERS BEACH FL 33931-9298	FORT MYERS BEACH FL 33931-2212

3. Date Incorporated or Qualified	**3a.** Date of Last Report
07/01/1983	02/14/1996

2. Principal Place of Business	**2a.** Mailing Address	**4.** FEI Number	
21	26	59-2295811	Applied For / Not Applicable
Suite, Apt #, etc. 22	Suite, Apt #, etc 27	**5.** Certificate of Status Desired ☑	$8.75 Additional Fee Required
City & State 23	City & State 28	**6.** Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
COTTER, RICHARD T. 6100 ESTERO BLVD. FORT MYERS BEACH FL 33931	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City ____ FL ____ 85 Zip Code

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 reinstating)   DATE

12.	OFFICERS AND DIRECTORS		**13.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SEMMER, WILLIAM J		1.2 NAME		
STREET ADDRESS	1130 MAIN ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH, FL 00000		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I 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 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: _William J. Semmer_   William J. Semmer   2/10/97   941-463-2588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #