FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G57487** **(2)**

1. Corporate Name

FULLER ELECTRIC, INC.

Principal Place of Business	Mailing Address
3710 NE 16TH PL OCALA FL 34470 US	3710 NE 16TH PL OCALA FL 34470 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/30/1983**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2314707**	☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FULLER, JUSTINE A. 3710 NE 16TH PL OCALA FL 34470	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 _____ Date _____

12. OFFICER AND/OR DIRECTOR	13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS IN '95
TITLE: PD NAME: FULLER, ALAN J. STREET ADDRESS: 3710 NE 16TH PL CITY-ST-ZIP: OCALA FL	☐ Change ☐ Addition
TITLE: VSD NAME: FULLER, JUSTINE A. STREET ADDRESS: 3710 NE 16TH PL CITY-ST-ZIP: OCALA FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I declare to certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added by this report.

SIGNATURE: Justine F. Fuller JUSTINE F. FULLER 4/28/95 904-629-9299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0352038 CP