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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

(7)

DOCUMENT # G81084

WAGNER ELECTRICAL SUPPLY CO.

FILED

Apr 01 1997 8:00am

Secretary of State

Procinal Pla	ce of Business	Mailing Address		·······			
1014 BLANDING BLVD. 1014 BLANDING BLVD.							
ORANGE PARI		ORANGE PARK FL 32065-67	02				
					3. Date Incorporated or Qualified	3a. Date of Last Report	
					01/27/1984	04/10/1996	
2. Principa	Place of Business	2a. Mailing Address			4. FEI Number	Applied	For
21		26		59-2374805	Not App	olicable	
Suite, Apt #, etc.		Suite, Apt #, etc.	 		5. Certificate of Status Desired Section Fee Required		
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May I	
2φ	Country	Zip	Country		8. This corporation has liability for in		
24	25		30			Yes 🔯 No	
	9. Name and Address of Curre	ont Registered Agent			10. Name and Address of New Reg	Istered Agent	
	GNER, TALMADGE L.		81	Name			
	14 BLANDING BLVD		82	Street Add	dress (P.O. Box Number is Not Acceptable	e)	
320	065 32073		83				
			84	City		85 Zip Code	
					poration submits this statement for the pr	FL	
SIGNATURE	auf fare har with, and accept the oblig	gent and trie if applicable (NO16.	Registered Age		ured when reinstaing)	DATE	······································
12. TOTE	PD OFFICERS AT	ND DIRECTORS	13, 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		12 Addition
NAME	WAGNER, TALMADGE L.	En perch	1.2 NAME			Li Cildinge Lii	AUGINON
STREET ADORESS			1.3 STREET	Annaree			
Offy-St ZIP	ORANGE PARK FL		1.4 CITY - S	1			
TITE	DST	DELETE	2.1 TITLE		**************************************	☐ Change ☐ /	Addition
NAME	WAGNER, MARGARET G.		2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CUTY - ST - ZIP	ORANGE PARK FL		2. 4 CITY-5	IT-ZIP			
11.11		DELETE	3.1 TITLE			L. Change	Addition
NAME STREET ACORESS			3.2 NAME 3.3 STREET	ADDECC			
City-St-7P			3.4. CITY - 5				
TITLE		DELETE	4.1 TITLE	1 411	**************************************	Change /	Addition
NAME			4. 2 NAME				•
STREET ADDRESS			4.3 STREET	ADDRESS			
City \$1 ZIP			4.4 CITY - S	T-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ /	Addition
NAME:			52 NAME				
STREET ADDRESS			5.3 STREET				
CITY ST-7IP		DELETE	5.4 CITY - S	T- ZIP		T Observe The Control of the Control	A and tell = =
THE		L.J DELETE	61 TITLE			Change /	Addition
NAME STREET ADDRESS			6.2 NAME	ADDRESS			j
CITY - S1 - ZIP			6.3 STREET	1			
OH LOUGH	1		6.4 CITY - S	1-4P			

14. I do nereby certly 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 supplicemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that Lam 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 it changed, or on an attachment with an address.

Talmadge L. Wagner 3/25/97 904-212-5042