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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H21599

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CHROME ELECTRIC, INC.

FILED	
Mar 19 1997 8:00am	1
Secretary of State	

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Principal Place of Business 621 PARK AVE. P.O. BOX 2804 TITUSVILLE FL 32781-2804		Mailing Address	Mailing Address			T TOO TOTAL STEAM THE STREET CHAIN LEGISE SELV BLOCK WHEN CHAIN CHAIN BLOCK BARN LAGE					
		621 PARK AVE. P.O. BOX 2804 TITUSVILLE FL 32781-2804									
HIDSAILTE LE 35/81-5904			•••			1 ' '			le of Last Report		
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number			Applied For		
Suite, Apt. #, etc. City & State 23		26	, . , . , 			59-2457378			Not Applicable		
			Suite, Apt. #, etc.		5. Certificate of Status Desired			5 Additional Required			
		City & State				6. Election Campaign Financing			00 May Be		
		28	իդ		Trust Fund Contribution	Ided to Fees					
Zip	Country	Zip	Co	untry		8. This corporation has liability for	ntangible t	ax und	er s. 199.032,		
24	25	29	30			, , , , , , , , , , , , , , , , , , , ,] Yes	-			
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered A	gent			
BUT	CHER WILLIAM H			81	Name						
225	GARY AVE			82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)				
OAK	(HILL FL 32759			83				 -			
				84	City		FL	85	Zip Code		
SIGNATURE	Signature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·			nt signative requ	urce when reinstalling) ADDITIONS/CHANGES 10 OFFIC	DATE	DIPEC	IORS IN 12		
12.		ND DIRECTORS DELETE	13.		Т	ADDITIONS/CHANGES TO OFFIC		Char			
TITLE	P DIFFORM WILLIAM M	L) [1(111)		IAME			,		igo [1.ounc		
NAME STREET ADDRESS	BUTCHER, WILLIAM H. 255 GARY AVE				ADDRESS						
CITY-ST-ZIP	OAK HILL FL			HY-S							
TITLE	ST	DET						Char	ige 🔲 Additio		
NAME	BUTCHER, PENELOPE L.	•	2.21	IAME							
STREET ADDRESS	705 HIGHLAND TERRACE		235	STREET	ADDRESS						
CITY-ST-ZIP	TITUSVILLE FL			CITY-S	51 - 7iP						
TITLE		☐ DELETI	E 311	litt	1		ļ	Char	nge Additio		
NAME				IAME	-						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		DELFTI		CHY-S	51 - 74P			Char	nge Additio		
TITLE NAME		₽ OFTER II		NAME					.g.,		
STREET ADDRESS	1		7.4	A-MARIE							
			4.3	TREL1	ADDRESS						
CITY-ST-ZIP			4.3 4.4	TRELT STY-S							
		DELET		มา⊻∙ร				Cha	nge Additio		
CITY-ST-ZIP		DELET	£ 5.1	มา⊻∙ร				Cha	nge 🔲 Additio		
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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.