

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H31762 (8)**  
1. Corporation Name  
**DUVAL ELECTRICAL SUPPLY, INC.**



Principal Place of Business: **9595 SUNBEAM CTR DR JACKSONVILLE FL 32257 US**  
Mailing Address: **9595 SUNBEAM CTR DR JACKSONVILLE FL 32257 US**

3. Date Incorporated or Qualified: **11/28/1984**  
3a. Date of Last Report: **01/27/1995**  
4. FEI Number: **59-2462738**  
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 s. 190.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**CASWELL, THOMAS H.  
9595 SUNBEAM CTR DR  
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent  
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 of Registered Agent) \_\_\_\_\_ (Signature of Corporation)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CASWELL, THOMAS H.</b>	
STREET ADDRESS	<b>11030 ST CHARLES PLACE</b>	
CITY- ST- ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CASWELL, ANN K.</b>	
STREET ADDRESS	<b>11030 ST CHARLES PLACE</b>	
CITY- ST- ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>CASWELL, JANICE H</b>	
STREET ADDRESS	<b>1551 S 1ST ST</b>	
CITY- ST- ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Caswell, Thomas H.</b>	
13 STREET ADDRESS	<b>15648 Shark Rd W.</b>	
14 CITY- ST- ZIP	<b>Jacksonville, FL 32226</b>	
21 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Caswell, Ann K.</b>	
23 STREET ADDRESS	<b>15648 Shark Road W.</b>	
24 CITY- ST- ZIP	<b>Jacksonville, FL 32226</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

600001828576  
05/20/96-01028-042  
\*\*\*200.00

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2386 904-262-6601  
SG 5-1-96

CR2E034 (12/95)