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

**PROFIT** CORPORATION ANNUAL REPORT

1997

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # H37323

(3)

ON LINE ELECTRIC, INC.

**BOKEELIA FL 33922** 

rincipal Place	of Business	Mailing Address			- I HORION SIDE WIN KODDO WIND WEED WIN SKEW SKEW SKEW SIEN SIDIN SIDIN SIDIN TOEK				
475 DOUG TAYLOR CIRCLE T. JAMES CITY FL 33956 S		C/O SCOTT SEELEY 75 N WISCONSIN ST HOBART IN 46342-4136							
		U\$				3. Date Incorporated or Qualified 01/09/1985	Date of Last Report // 1996		
Principal Place of Business		2a. Mailing Address				4. FFI Number		Applied For	
]		26				59-2494461		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Bo Added to Fees		
Zip	Country 25	Ζφ [29]	[ Co.	untry		8. This corporation has liability for in Florida Statutes	_ ~	ole tax under s. 199.032, ☐ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
WAGGONER, PAUL H.				81	Name				
5400 PINE ISLAND RD. S-D				82	Street Addr				

83

		84 City	FL	85 Zı	p 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 tale if applicable (NOTE flagistered Agent signalure received when rehisting)  DATE												
12.	OFFICERS AND DIRECTORS 13		ADDITIONS/CHANGES TO OFFICERS AND I	IREC10	ORS IN 12							
TOTLE	DP DELETE 11	INLE		Change	e 🔲 Addition							
NAME	SEELEY, SCOTT A.C.	NAME										
STREET ADDRESS	BOX 597 N/A 1.3	STREET ADDRESS	}		}							
CITY-ST-ZIP	BOKEELIA FL 1.4	CITY-\$1-7IP			Į							
TITLE	DETETE 21	1  [[F		Change	e 🔲 Addition							
NAME	2?	NAME										
STREET ADDRESS	23	STREET ADDRESS	)		Ì							
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NAME	3.2	NAME										
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NAME	4 2	NAME										
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STREET ADDRESS	6.3	STREET ADORESS			1							
CITY-ST-ZIP	5.4	CHY-S1-ZIP	<u> </u>									
TITLE	☐ DELETE 61	INCE		Change	e 🔲 Addition							
NAME	6.21	NAMÉ										
STREET ADDRESS	6.3	STREET ADDRESS			ļ							
CITY-ST-ZIP	641	CITY- ST - 74P										

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 comporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or or directory with an address.

(219) 942-0724

**FILED** 

Apr 16 1997 8:00am

Secretary of State

Street Address (P.O. Box Number is Not Acceptable)