SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **H42203** **(0)**

1. Corporation Name
P & S ELECTRIC AND MOTORS, INC.

Principal Place of Business	Mailing Address
11520 68TH ST.. N. #C LARGO FL ~~34643~~ 33773 US	11520 68TH ST. N. #C LARGO FL 34643 New zip code 33773

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24: 33773 / Country 25	Zip 29: 33773 / Country 30

3. Date Incorporated or Qualified: 12/14/1984	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2511142	☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

RAIA, PHILIP, W
2320 E VINA DEL MAR BLVD
ST PETERSBURG BEACH FL 33706

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	RAIA, PHILIP W.		12 NAME	
STREET ADDRESS	2320 E VINA DEL MAR		13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BEACH FL		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	RAIA, SALVATORE P.		22 NAME	
STREET ADDRESS	4760 50 AVE. NO.		23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		24 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BURKLIN, GERARD A.		32 NAME	
STREET ADDRESS	8733 57TH STREET NORTH		33 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL		34 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	DOMANTE, GASPER W.		42 NAME	
STREET ADDRESS	PO BOX 1995, NA		43 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip W Raia 6/21/96 813-545-3032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #