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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H43027** **(2)**

1. Corporation Name
NIELSEN ELECTRIC, INC.

Principal Place of Business	Mailing Address
P. O. BOX 178 107 N. RIDGEWOOD DRIVE. SUITE 11 LORIDA FL 33857 US	P. O. BOX 178 107 N. RIDGEWOOD DRIVE. SUITE 11 LORIDA FL 33857 US

3. Date Incorporated or Qualified: **02/15/1985**
3a. Date of Last Report: **01/20/1995**

2. Principal Place of Business
21: 930 ARbuckel Br. Rd
22: Suite, Apt. #, etc.
23: City & State: Lorida Fla
24: Zip: 33857 25: Country: Highlands

2a. Mailing Address
26: PO Box 178
27: Suite, Apt. #, etc.
28: City & State: Lorida Fla
29: Zip: 33857 30: Country: Highlands

4. FEI Number: **51-2518118** ☐ 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

RHOADES, CLIFFORD R.
107 N. RIDGEWOOD DRIVE
SUITE 11
SEBRING FL 33870

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NIELSEN, RICHARD C. 4344 KENILWORTH BLVD SEBRING FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST NIELSEN, JEAN A. 4344 KENILWORTH BLVD SEBRING FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV NIELSEN, BRUCE A. 4344 KENILWORTH BLVD SEBRING FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce A. Nielsen Bruce A. Nielsen 3-3-96 471-7699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #