

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 14 AM 9:48

DOCUMENT # H58672**(7)**

1. Corporation Name

RAZOR ELECTRIC, INC.

Principal Place of Business

**607 W. MOWRY
HOMESTEAD FL 33030**

Mailing Address

**P.O. BOX 70047
GOULDS FL 33170**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/24/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0032778

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMS, LARRY
1701 NW 3RD AVE.
HOMESTEAD FL 33030**

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 signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP**PD
MCCUE, RAYMOND A.
23129 SW 124 AVE.
MIAMI FL**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP**V
ADAMS, LARRY G
1701 N.W. 3RD AVENUE
HOMESTEAD FL**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP☐ Change ☐ Addition

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 110.07(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:

Ray Mc Cue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Ray Mc Cue****2-21-95 305 2474441**
(Date) (Telephone Number)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS

95 JUL 11 10:25

DOCUMENT # H59953 (0)

1. Corporation Name

AMERICAN INGENUITY, INC.

Principal Place of Business

% MICHAEL BUSICK
3500 HARLOCK RD.
MELBOURNE FL 32934-8407

Mailing Address

% MICHAEL BUSICK
3500 HARLOCK RD.
MELBOURNE FL 32934-8407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1985

3a. Date of Last Report

04/12/1994

4. FEI Number

59-2635498

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

2. Principal Place of Business

2a. Mailing Address

21 **8777 Holiday Springs Rd.**

Suite, Apt. #, etc

22

27

City & State

City & State

23 **Rockledge FL**

28 **Rockledge FL**

24 **32955**

Country

29 **32955**

Country

30 **Brevard**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSICK, MICHAEL
3500 HARLOCK RD
MELBOURNE FL 32934

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 in printed name of registered agent and date of signature)

(Signature typed in printed name of registered agent and date of signature)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT
NAME	BUSICK, MICHAEL
STREET ADDRESS	3500 HARLOCK RD
CITY, ST, ZIP	MELBOURNE FL
TITLE	VS
NAME	BUSICK, GLENDA
STREET ADDRESS	3500 HARLOCK RD
CITY, ST, ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	8777 Holiday Springs Rd
1.4 CITY, ST, ZIP	Rockledge FL 32955
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	8777 Holiday Springs Rd
2.4 CITY, ST, ZIP	Rockledge FL 32955
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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)(b), 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 it would 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 in an attachment with an address.

SIGNATURE:

Michael Busick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95 407-639-8777
Date Signature