

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H80972 (3)

1. Corporation Name

PIXTON ELECTRIC, INC.



Principal Place of Business

% SAMUEL B. PIXTON
311 N ST CLOUD AVE
VALRICO FL 33594

Mailing Address

% SAMUEL B. PIXTON
311 N ST CLOUD AVE
VALRICO FL 33594

3. Date Incorporated or Qualified

10/14/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIXTON, SAMUEL B.
311 N ST CLOUD AVE
VALRICO FL 33594

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

Samuel B. Pixton

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PIXTON, SAMUEL B.
311 N. ST. CLOUD AVE.
VALRICO FL

1.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PIXTON, BARBARA H.
311 N. ST. CLOUD AVE.
VALRICO FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.2 NAME ☐ 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 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:

Samuel B. Pixton Samuel B. Pixton

1-30-96 (813) 685-1422

Date

Daytime Phone

CR2E034 (12/95)