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 # **H84994** **(3)**

1. Corporation Name

FANCHER ELECTRIC COMPANY, INC.

Principal Place of Business	Mailing Address
% ARTHUR E. FANCHER 9211 HYALEAH RD TAMPA FL 33617	% ARTHUR E. FANCHER 9211 HYALEAH RD TAMPA FL 33617

2. Principal Place of Business	2a. Mailing Address
21 8610 N. Nebraska Ave.	26 8610 N. Nebraska Ave.
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33604 — Country 25 U.S.A.	Zip 29 33604 — Country 30 U.S.A.

3. Date Incorporated or Qualified: 11/07/1985
3a. Date of Last Report: 04/14/1995
4. FEI Number: 59-2603309 ☐ 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

FANCHER, ARTHUR E.
14450 BELLAMY BROS. BLVD.
DADE CITY FL 32525

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 33625

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	FANCHER, ARTHUR E.		1.2 NAME	
STREET ADDRESS	14450 BELLAMY BROS BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	~~DADE CITY FL~~		1.4 CITY-ST-ZIP	Dade City, FL 33525
TITLE	TS	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	FANCHER, ALMA L.		2.2 NAME	
STREET ADDRESS	14450 BELLAMY BROS BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~DADE CITY FL~~		2.4 CITY-ST-ZIP	Dade City, FL 33525
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(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: Alma L. Fancher Alma L. Fancher 8/10/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)