

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **H92455** (5)

1. Corporation Name  
**FLORIDA ELECTRO COMPONENTS, INC.**



Principal Place of Business: **2806 SE 25TH TERR  
OCALA FL 34471  
US**  
Mailing Address: **2806 SE 25TH TERR  
OCALA FL 34471  
US**  
*CHANGE OF ADDRESS*

3. Date incorporated or Qualified: **12/30/1985**  
3a. Date of Last Report: **08/07/1995**

2. Principal Place of Business: **21 11129 W. CEDAR LAKE DR.  
22 CRYSTAL RIVER, FL.  
23**  
2a. Mailing Address: **26 11129 W. CEDAR LAKE DR.  
27 CRYSTAL RIVER, FL.  
28**  
24 Zip: **34428** 25 Country: **US** 29 Zip: **34428** 30 Country: **US**

4. FEI Number: **59-2661346**  
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  
**STELLMACH, LYNN  
2806 SE 25TH TERR 11129 W. CEDAR LAKE DR.  
OCALA FL 34471 CRYSTAL RIVER, FL.  
34428**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature not required when terminating.)

| 12. OFFICERS AND DIRECTORS                                       |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        |
|--|---|--|
| TITLE: <b>ST</b>   | NAME: <b>BUTLER, BARBARA HUNT</b>                     | 1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: <b>14544 PEBBLE BEACH BLVD.</b>                  | CITY-ST-ZIP: <b>ORLANDO FL</b>                        | 1.2 NAME   |
| TITLE: <b>PRESIDENT</b>  | NAME: <b>STELLMACH, LYNN</b>                          | 1.3 STREET ADDRESS   |
| STREET ADDRESS: <b>2806 SE 25TH TERR 11129 W. CEDAR LAKE DR.</b> | CITY-ST-ZIP: <b>OCALA FL CRYSTAL RIVER, FL. 34428</b> | 1.4 CITY-ST-ZIP  |
| TITLE: <input type="checkbox"/> DELETE                           | NAME: _____   | 2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: _____  | STREET ADDRESS: _____                                 | 2.2 NAME   |
| CITY-ST-ZIP: _____   | CITY-ST-ZIP: _____                                    | 2.3 STREET ADDRESS   |
| TITLE: <input type="checkbox"/> DELETE                           | NAME: _____   | 2.4 CITY-ST-ZIP  |
| STREET ADDRESS: _____  | STREET ADDRESS: _____                                 | 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP: _____   | CITY-ST-ZIP: _____                                    | 3.2 NAME   |
| TITLE: <input type="checkbox"/> DELETE                           | NAME: _____   | 3.3 STREET ADDRESS   |
| STREET ADDRESS: _____  | STREET ADDRESS: _____                                 | 3.4 CITY-ST-ZIP  |
| CITY-ST-ZIP: _____   | CITY-ST-ZIP: _____                                    | 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: <input type="checkbox"/> DELETE                           | NAME: _____   | 4.2 NAME   |
| STREET ADDRESS: _____  | STREET ADDRESS: _____                                 | 4.3 STREET ADDRESS   |
| CITY-ST-ZIP: _____   | CITY-ST-ZIP: _____                                    | 4.4 CITY-ST-ZIP  |
| TITLE: <input type="checkbox"/> DELETE                           | NAME: _____   | 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: _____  | STREET ADDRESS: _____                                 | 5.2 NAME   |
| CITY-ST-ZIP: _____   | CITY-ST-ZIP: _____                                    | 5.3 STREET ADDRESS   |
| TITLE: <input type="checkbox"/> DELETE                           | NAME: _____   | 5.4 CITY-ST-ZIP  |
| STREET ADDRESS: _____  | STREET ADDRESS: _____                                 | 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP: _____   | CITY-ST-ZIP: _____                                    | 6.2 NAME   |
| TITLE: <input type="checkbox"/> DELETE                           | NAME: _____   | 6.3 STREET ADDRESS   |
| STREET ADDRESS: _____  | STREET ADDRESS: _____                                 | 6.4 CITY-ST-ZIP  |
| CITY-ST-ZIP: _____   | 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: *Lynn Stellmach* / **LYNN STELLMACH** 5/1/96 352-563-5537  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office #

CR2E034 (12/95)