File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: DOCUMENT # J37442

Curtron Electric, Inc.
2431 Bacom Point Road
Pahokee, FL 33476

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

800001838848
-05/24/96--01070--014
***200.00

DO NOT WRITE IN THIS SPACE

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified: 10/09/86
3a. Date of Last Report: 07/13/95

4. FEI Number: 59-2744805 ☐ 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$138.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Principle Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 / 30

9. Name and Address of Current Registered Agent

Charles Ron Brown
2431 Bacom Point Road
Pahokee, FL 33476

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 | 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____
(If Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS

1.1 TITLE	P/D
1.2 NAME	Charles Ron Brown
1.3 ADDRESS	2431 Bacom Point Road
1.4 CITY-ST-ZIP	Pahokee, FL 33476
2.1 TITLE	VP/D
2.2 NAME	Curtis E. Peaden
2.3 ADDRESS	2659 Bacom Point Road
2.4 CITY-ST-ZIP	Pahokee, FL 33476
3.1 TITLE	S/D
3.2 NAME	Michael D. Garrison
3.3 ADDRESS	Post Office Box 100
3.4 CITY-ST-ZIP	Canal Point, FL 33438
4.1 TITLE	T/D
4.2 NAME	Michael D. Garrison
4.3 ADDRESS	Post Office Box 100 N/A
4.4 CITY-ST-ZIP	Canal Point, FL 33438
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY-ST-ZIP	

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE	
1.2 NAME	
1.3 ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Secretary
3.2 NAME	Timothy Kimball
3.3 ADDRESS	Post Office Box 2399 N/A
3.4 CITY-ST-ZIP	Jupiter, FL 33468
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE Charles R Brown Pres DATE 1-13-96

Print/Type Name of Signing Officer or Director: Charles Ron Brown
Title(s): Pres./Director
Daytime Telephone Number: [illegible]

CR2E034 (11/92)