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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

| · | 1996 | | DIVISION OF CORPORATIONS | | | | | |
|-------------------------------------|---|--|--------------------------------------|---------------------------------------|------------------------|---|-------------------------|--|
| DOCUN 1. Corporation | MENT # J536 | 84 | (3) | | | | | |
| TARGE | ET ELECTRICAL SYSTEM | S, INC. | | | | I 18 Shifê êrên Shiba bilin dirak bark | i Bibi Bibil 4:Bil Bil | ili Alāli Biāli Ālāli esai |
| Principal Place | of Business | Mailing A | | | | | | |
| 537 DOUGLA | | • | DUGLAS | | | | | |
| STE. #30 | | STE. # | 30 | | | | | |
| DUNEDIN FL US | | US | IN FL 34698 | | | 3. Date Incorporated or Qualified 01/27/1987 | 3a. Date of L 04/2 | ast Report 5/1995 |
| 2. Principal Pla | ice of Business | 2a. Mailin | j Address | | | 4. FEI Number 59-2782663 | | Applied For |
| Suite, Apt. # | i, etc. | | Apt. #, etc. | | | 5. Certificate of Status Desired | | Not Applicable 8.75 Additional Fee Required |
| City & State | | City & | State | · · · · · · · · · · · · · · · · · · · | | 6. Election Campaign Financing | 9 | 55.00 May Be |
| 23 | · · · · · · · · · · · · · · · · · · · | 28 | | | | Trust Fund Contribution | | Added to Fees |
| Zip 24 | Country 25 | Zip | | Coun | try | 8. This corporation has liability for a Florida Statutes | intangible tax un No | ders 199.032, |
| | 9. Name and Address of Curi | | lgent | 1301 | | 10. Name and Address of New R | | nt |
| | | | | 8 | Name | | | |
| SHAFFER, KEVIN 616 MAGNOLIA STE. | | | | | Street Add | Address (P.O. Box Number is Not Acceptable) | | |
| | N FL 34698 | | | 8 | 13 | | | |
| | | | | ε | 4 City | | FL 85 | Zip Code |
| 11. Pursuant to | the provisions of Sections 607.05 | 02 and 607.1508, | Florida Statute | s, the above | a-named corpo | ration submits this statement for the pur | cose of changin | a its registered office |
| or registere | ed agent, or both, in the State of Fl n, and accept the obligations of, Se | onda. Such chang | e was authorize | ed by the co | rporation's boa | rd of directors. I hereby accept the appx | ointment as regis | tered agent. I am |
| SIGNATURE _ | Signature, typed or printed name of registered ag | ent and title if applicable | | TE: Registered A | gent signature require | d when reinstating) | DATE | |
| 12. | OFFICERS A | ND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFF | | ECTORS IN 12 |
| TITLE | PD | 1 | DELETE | 1. 1 Ti*L | .Ē | | ☐ Ch | ange 🗌 Addition |
| NAME | SHAFFER, KEVIN | | | 1.2 NAV | Æ | | | |
| STREET ADDRESS | 616 MAGNOLIA ST. | | | 1.3 STR | EFT ADDRESS | | | |
| CITY-ST-ZIP TITLE | DUNEDIN FL TSD | | DELETE | 1.4 CITY 2 1 TITL | -SI-ZIP | | | ange |
| NAME | SHAFFER, PHYLLIS | L | 7 0000 | 2.2 NAV | | | ☐ Ch | ands |
| STREET ADDRESS | 616 MAGNOLIA ST. | | | | ET ADDRESS | | | |
| CITY-ST-ZIP | DUNEDIN FL | | | | - ST- ZIP | | | |
| TITLE | | l | DELETE | 3. 1 TITL | E | | ☐ Ch | ange Addition |
| NAME | | | | 3.2 NAM | E | | | |
| STREET ADDRESS | | | | 3.3. STR | EET ADDRESS | | | |
| CITY-ST-ZIP | | | T) DELETE | | - ST - ZIP | | | |
| TITLE NAME | | L | DELETE | 4. 1 TITL 42 NAM | | | □ Ch | ange |
| STREET ADDRESS | | | | | ET ADDRESS | | | |
| CITY - \$1 - ZIP | | | | | - ST - ZIP | | | |
| TITLE | |] | DELETE | 5 1 Till | | | Ch | ange 🔲 Addition |
| NAME | | | | 5.2 NAM | E | | | |
| STREET ADDRESS | | | | 5.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 7 00000 | | - S1 - ZIP | | pm, | |
| TITLE | | l | DELETE | 6 1 TITL | ! | | □ Ch | ange 🔲 Addition |
| NAME CIDELY ADDRESS | | | | 6.2 NAM | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS | | | |
| 14. I do hereby | certify that the information supplie | d with this filing is | voluntarily furni | 6.4 City shed and do | es not qualify f | or the exemption stated in Section 119. | 07(3)(k). Florida 9 | Statutes I further |
| certify that oath: that I | the information indicated on this ar | inual report or sup poration or the rec | iplemental annu :eiver or trustee | ial report is t emoowered | true and accura | te and that my signature shall have the s report as required by Chapter 607, Fk | same legal effect | t as if made under |

SIGNATURE: Kein D. Shaffer Kevin D. SHAFFER 4-23 96 (B13)734-2942