

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 # J78041 (7)

1. Corporation Name

ELECTRO-CON, INC.



Principal Place of Business

% R. C. MAYO
3400 83RD ST. NORTH
ST. PETERSBURG FL 33710

Mailing Address

% R. C. MAYO
3400 83RD ST. NORTH
ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified
06/17/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2893189

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

10. Name and Address of New Registered Agent

MAYO, R. C.
3400 83RD ST. NORTH
ST. PETERSBURG FL 33710

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

Signature typed or printed name of registered agent and, if not applicable,

DATE: Registered Agent Signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	MAYO, R. C.	3400 83RD ST. NORTH	ST. PETERSBURG FL	
VD	GIACALONE, MICHAEL	2828 LONGLEAF LANE	PALM HARBOR FL	
STD	MAYO, G. R.	3400 83RD ST. NORTH	ST. PETERSBURG FL	

1-1 TITLE	1-2 NAME	1-3 STREET ADDRESS	1-4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2-1 TITLE	2-2 NAME	2-3 STREET ADDRESS	2-4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3-1 TITLE	3-2 NAME	3-3 STREET ADDRESS	3-4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4-1 TITLE	4-2 NAME	4-3 STREET ADDRESS	4-4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5-1 TITLE	5-2 NAME	5-3 STREET ADDRESS	5-4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6-1 TITLE	6-2 NAME	6-3 STREET ADDRESS	6-4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(813) 821-4700

CR2E034 (12/95)