

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J84320** (7)

1. Corporation Name

BUD'S ELECTRIC MOTOR SERVICE, INC.

Principal Place of Business

**405 S. MISSOURI AVE.
CLEARWATER FL 34616**

Mailing Address

**405 S. MISSOURI AVE.
CLEARWATER FL 34616**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/27/1987

3a. Date of Last Report

04/24/1995

4. FEI Number

59-2845047

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

**HICKEY, IDA B.
405 S. MISSOURI AVE.
CLEARWATER FL 34616**

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

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

(Print or type name of the registered agent and the corporation)

(Both the Principal Agent and the registered agent must sign when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HICKEY, IDA B.	
STREET ADDRESS	17367 LAKE LINDSEY RD.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	☐ DELETE
NAME	HICKEY, BUD	
STREET ADDRESS	17367 LAKE LINDSEY RD.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	☐ DELETE
NAME	HICKEY, KENNETH	
STREET ADDRESS	1240 PONCE DE LEON	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	☐ DELETE
NAME	HICKEY, DALE N.	
STREET ADDRESS	1289 LOTUS PATH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	☐ DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Hickey Pres. 813-446-3130

Date

Original Phone #

CR2E034 (12/95)