

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 # **K14200** (5)

1. Corporation Name

**KRICK'S ELECTRICAL SERVICE, INC.**



Principal Place of Business

Mailing Address

% ROBERT J. KRICKOVICH  
1765 NE 46TH ST  
OAKLAND PARK FL 33334

% ROBERT J. KRICKOVICH  
1765 NE 46TH ST  
OAKLAND PARK FL 33334

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/09/1988

3a. Date of Last Report

03/10/1995

4. FET Number

65-0028963

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

10. Name and Address of New Registered Agent

KRICKOVICH, ROBERT J.  
1765 NE 46TH ST  
OAKLAND PARK FL 33334

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 date (Applicable)

(If Applicable) Registered Agent signature required when changing agent

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

KRICKOVICH, ROBERT J.

1.2 NAME

STREET ADDRESS

1765 NE 46TH ST

1.3 STREET ADDRESS

CITY - ST - ZIP

OAKLAND PARK FL

1.4 CITY - ST - ZIP

TITLE

ST

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

KRICKOVICH, KIMBERLY J.

2.2 NAME

STREET ADDRESS

1765 NE 46TH ST

2.3 STREET ADDRESS

CITY - ST - ZIP

OAKLAND PARK FL

2.4 CITY - ST - ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

3.2 NAME

CITY - ST - ZIP

3.3 STREET ADDRESS

TITLE

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

4.2 NAME

CITY - ST - ZIP

4.3 STREET ADDRESS

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

5.2 NAME

CITY - ST - ZIP

5.3 STREET ADDRESS

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

6.2 NAME

CITY - ST - ZIP

6.3 STREET ADDRESS

TITLE

☐ DELETE

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-96

(954) 772-8353

CR2E034 (12/95)