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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K82963** **(5)**

1. Corporation Name
MUST ELECTRIC, INC.

Principal Place of Business
812 ORANGEWOOD DR.
OVIEDO FL 32765
US

Mailing Address
POST OFFICE BOX 621684
OVIEDO FL 32762-1684
US

3. Date Incorporated or Qualified: 04/05/1989
3a. Date of Last Report: 03/25/1996

2. Principal Place of Business
21 201 W. Broadway St
Suite, Apt. #, etc.
22
City & State
23 Oviedo Florida
Zip 24 32765
Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number: 59-2943983 — 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
UMHOLTZ, SARAH T
812 ORANGEWOOD DR.
OVIEDO FL 32765

10. Name and Address of New Registered Agent
81 Name: Umholtz, Michael A
82 Street Address (P.O. Box Number is Not Acceptable): 320 E. Osceola Rd.
83
84 City: Geneva FL 85 Zip Code: 32732

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	UMHOLTZ, SARAH T	
STREET ADDRESS	812 ORANGEWOOD DR.	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	V	☒ DELETE
NAME	UMHOLTZ, MICHAEL A	
STREET ADDRESS	812 ORANGEWOOD DR.	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	ST	☒ DELETE
NAME	THOMPSON, MARK S	
STREET ADDRESS	602 REBECCA DR.	
CITY-ST-ZIP	ST. CLOUD FL 32769	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	P	☑ Change ☐ Addition
1.2 NAME	UMHOLTZ, MICHAEL A.	
1.3 STREET ADDRESS	P.O. BOX 621684	N/A
1.4 CITY-ST-ZIP	OVIEDO FLA. 32762	
2.1 TITLE	V	☑ Change ☐ Addition
2.2 NAME	THOMPSON, MARK S	
2.3 STREET ADDRESS	602 REBECCA DRIVE	
2.4 CITY-ST-ZIP	ST CLOUD FL 32769	
3.1 TITLE	ST	☑ Change ☐ Addition
3.2 NAME	UMHOLTZ, SARAH T.	
3.3 STREET ADDRESS	201 W. Broadway St	
3.4 CITY-ST-ZIP	Oviedo FLORIDA 32765	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #