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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Saridra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #

1. Corporation Name

L18443

(6)

| GATZ ELECTRIC SERVICE, INC.   |   |  |   |                                |                                 |  |                                 |                    |   |
|---|---|--|---|--------------------------------|---------------------------------|--|---------------------------------|--------------------|---|
| Principal Place   | of Business                                       | Mailing Address  | <del>_</del>  |                                |                                 |  |                                 |                    |   |
| % RICHARD L. GATZ<br>3140 LAKESIDE VILLA RD<br>ORANGE PARK FL 32073 |   | 3140 LAKESIDE VII  | % RICHARD L. GATZ<br>3140 LAKESIDE VILLA RD<br>ORANGE PARK FL 32073 |                                |                                 |  |                                 |                    |   |
| OTATIOL F   | ANK IL SEGIS                                      | ONANGE PARK PL   | 320/3   |                                |                                 | 3. Date Incorporated or Qualified  | 3a. Date o                      |                    | •                                       |
| 2. Principal Pla  | ce of Rusiness                                    | 2a Mailing Address   | 2a. Mailing Address   |                                |                                 | <b>09/19/1989 4.</b> FEI Number  | 04/04/1995                      |                    |   |
| 11  | Se of Extended                                    | 26   |   |                                |                                 | 59-2973749 Not Applicable  |                                 |                    | Applied For                             |
| Suite, Apt. #   | , etc.  | Suite, Apt. #, etc.  |   |                                |                                 |  |                                 | \$8.7              | 5 Additional                            |
| 2   |   | 27   | LL  |                                |                                 | 5. Certificate of Status Desired   |                                 |                    | Required                                |
| Oity & State  |   | City & State   |   |                                |                                 | Election Campaign Financing     Trust Fund Contribution                                |                                 |                    | <b>00</b> May Be                        |
| Zip   | Country   | 7 <sub>(p)</sub>   | Coi   | untry                          |                                 | Trust Fund Contribution  8 This corporation has liability for                          |                                 |                    | ed to Fees                              |
| 4   | 25 29   |  |   | ,                              |                                 | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes |                                 |                    |   |
|   | 9. Name and Address of Cur                        | rent Registered Agent  |   | <u> </u>                       |                                 | 10. Name and Address of New F  |                                 | ent                |   |
|   |   |  |   | 81                             | Name                            |  |                                 |                    |   |
|   | RICHARD L.  |  |   |                                | Street Addr                     | dress (P.O. Box Number is Not Acceptable)  |                                 |                    | *************************************** |
|   | AKESIDE VILLA RD                                  |  |   | 83                             |                                 |  |                                 |                    |   |
| ORANG   | GE PARK FL 32073                                  |  |   |                                |                                 |  |                                 |                    |   |
|   |   |  |   | 84                             | City                            |  | FL                              | <b>85</b> Z        | Pip Code                                |
| familiar with   | n, and accept the obligations of, S               | ection 607.0505, Florida Statute   | zea by the :  | corp                           | named corpor<br>poration's boar | ation submits this statement for the pui<br>d of directors. I hereby accept the app    | pose of chang<br>pintment as re | ing its<br>gistere | registered office<br>d agent. I am      |
| 12.   | Signal are typed or protect manufact registered a |  | OTE: Registered   | i <b>A</b> ger                 | nt signature require:           | t when reinstating) ADDITIONS/CHANGES TO OFF   | DATE                            | incor              | 000 11.46                               |
| TITLE   | Dever   |  |   | I. 1 TIFLE                     |                                 | ADDITIONS/CHANGES TO OFF   |                                 | IRECTI<br>Change   |   |
| NAME  | GATZ, RLCHARD L.                                  |  | 1   | 1.2 NAME<br>1.3 STREET ADDRESS |                                 |  | L.                              | Dilango.           | Reduich                                 |
| SCREET ADDRESS  | 3140 LAKESIDE VILLA R                             | D  | 1.3 \$  |                                |                                 |  |                                 |                    |   |
| CLLY+ST ZIF   | ORANGE PARK FL                                    | w  | 1.4 0   | (TY - 5                        | ST - ZIP                        |  |                                 |                    |   |
| THEF  |   | ☐ DELETE   |   | 2 1 TITLE<br>2 2 NAME          |                                 |  |                                 | Change             | Addition                                |
| NAME  |   |  |   |                                |                                 |  |                                 |                    |   |
| STREET ADDRESS  <br>CITY - ST- ZIP                                  |   |  |   |                                | I ADDRESS                       |  |                                 |                    |   |
| TIME  |   | DELFTE   | 3 1 1   |                                | ST - ZIP                        |  |                                 | Cnange             | ☐ Addition                              |
| NAME  |   | <del>-</del>   | 32 N  | AME                            |                                 |  |                                 |                    |   |
| STHEF! ADDRESS  |   |  | 335   | STREE                          | 1 ADDRESS                       |  |                                 |                    |   |
| CITY - S1 - ZIP   |   |  | 340   | ITY - 5                        | ST - ZIP                        |  |                                 | ·                  |   |
| THE CALL  |   | DELETE   | 4.17  |                                |                                 |  |                                 | Change             | Addition                                |
| NAME<br>Character on  |   |  | 4.2 N   |                                |                                 |  |                                 |                    |   |
| SPREEL ADDRESS  |   |  |   |                                | F ADDRESS                       |  |                                 |                    |   |
| CHY-SL ZIP<br>TILE  | · · · · · · · · · · · · · · · · · · ·             | DELETE   | 5 1 1   |                                | ST-ZIP                          |  | П                               | Change             | Addition                                |
| NAME:   |   |  | 521   |                                |                                 |  |                                 | 3. A. 180          |   |
| STREST ADDRESS  |   |  | 538   | 5 3 STREET ADDRESS             |                                 |  |                                 |                    |   |
| C(1Y-S1-Z)P   |   |  | 540   | TY - 5                         | ST - ZIP                        |  |                                 |                    |   |
| 1011.5  |   | ☐ DELETE   | 611   |                                |                                 |  |                                 | Change             | Addition Addition                       |
| NAME  |   |  | 62 N  |                                |                                 |  |                                 |                    | İ                                       |
| STREET ADORESS  |   |  |   |                                | ADDRESS                         |  |                                 |                    |   |
| 011y-\$1-7⊮<br><b>14.</b> 1 do hereby                               | certify that the information supplied             | ed with this filing is voluntarily fun                                   |   |                                | ST-ZIP j<br>is not qualify fo   | or the exemption stated in Section 119.  | 07/31/k) Élozid                 | a State            | the Liuther                             |
| certify that i<br>eath; that I                                      | the information indicated on this a               | nnual report or supplemental and<br>opporation or the receiver or truste | nual report i<br>ee empowe  | is tru                         | re and accurat                  | te and that my signature shall have the s report as required by Chapter 607, Fa        | eame lenal off                  | 20 120             | if made under                           |

RICHARD L GATE