

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M58748** (8)

1. Corporation Name

SANDERS ELECTRIC INC.



Principal Place of Business

**C/O H. DAVID SANDERS
3915 NW 164TH ST.
OPA LOCKA FL 33054**

Mailing Address

**C/O H. DAVID SANDERS
3915 NW 164TH ST.
OPA LOCKA FL 33054**

3. Date Incorporated or Created
09/09/1987

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

4. FEI Number
65-0009893

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., R., etc.

26 Suite, Apt., R., etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

**SANDERS, HERMAN D.
3915 NW 164 ST.
OPA LOCKA FL 33054**

10. Name and Address of New Registered Agent

#1 Name

#2 Street Address (P.O. Box Number is Not Acceptable)

#3

#4 City

FL

#5 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(6), 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 607.05(6), Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent

Signature of the person who is the president or secretary

Date

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	SANDERS, HERMAN D.	
STREET ADDRESS	3915 NW 164TH ST.	
CITY-STATE-ZIP	OPA LOCKA FL	
TITLE	VD	☐ DELETE
NAME	SANDERS, DEBORAH A.	
STREET ADDRESS	3915 NW 164TH ST.	
CITY-STATE-ZIP	OPA LOCKA FL	
TITLE	ST	☐ DELETE
NAME	SANDERS, TRACI L.	
STREET ADDRESS	3915 N.W. 164TH ST.	
CITY-STATE-ZIP	OPA LOCKA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included 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 Book 12 or Book 13, or on an attachment with an address.

SIGNATURE:

[Signature] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07.25.96

Date

CR2E034 (12/95)