

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Teresa B. Martinez
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **P03482** (7)

PCM ELECTRICAL CONTRACTORS, INC.

APPROVED
AND
FILED

6 MAY 12 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office Address

2. Mailing Address

2880 GROVE PARK LN SE
PO BOX 671586
MARIETTA GA 30067

2880 GROVE PARK LN SE
PO BOX 671586
MARIETTA GA 30067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/25/1984

3a. Date of Last Report
05/01/1994

4. FEI Number
58-1524955

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 Office Address

2a. Mailing Address

21. State Agent #

26. State Agent #

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

25. City & State

29. City & State

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, OTIS C.
385 S.E. STARFISH AVENUE
PORT ST. LUCIE FL 33452

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 agree to the obligations of Sections 607.0602, Florida Statutes.

SIGNATURE

Otis C. Johnson

Signature of Registered Agent (signature required when submitting)

4-7-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
PD
JOHNSON, OTIS C.
2880 GROVE PARK LN SE
MARIETTA GA

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

☐ Change ☐ Addition

2. NAME
TD
JOHNSON, DAVID A.
2880 GROVE PARK LANE SE
MARIETTA GA

2. NAME
2. STREET ADDRESS
2. CITY, STATE, ZIP

☐ Change ☐ Addition

3. NAME
3. STREET ADDRESS
3. CITY, STATE, ZIP

3. NAME
3. STREET ADDRESS
3. CITY, STATE, ZIP

☐ Change ☐ Addition

4. NAME
4. STREET ADDRESS
4. CITY, STATE, ZIP

4. NAME
4. STREET ADDRESS
4. CITY, STATE, ZIP

☐ Change ☐ Addition

5. NAME
5. STREET ADDRESS
5. CITY, STATE, ZIP

5. NAME
5. STREET ADDRESS
5. CITY, STATE, ZIP

☐ Change ☐ Addition

6. NAME
6. STREET ADDRESS
6. CITY, STATE, ZIP

6. NAME
6. STREET ADDRESS
6. CITY, STATE, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not equally for the information stated in law 199.032, 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. I am an officer or director of this corporation or the registered agent of this corporation and I agree to the appointment as registered agent. I am familiar with and agree to the obligations of Sections 607.0602, Florida Statutes, and that my name appears in Block 12 of this report and changed, or is an attached with an address.

SIGNATURE:

Otis C. Johnson

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-95

404-980-0311