FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

[illegible] MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11859 (6)

1. Corporation Name
RONDOUT ELECTRIC, INC.

Principal Place of Business	Mailing Address
33 ARLINGTON AVENUE POUGHKEEPSIE NY 12603	33 ARLINGTON AVENUE POUGHKEEPSIE NY 12603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 14-1471849 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired [X] $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. 199.052 Florida Statutes [X] Yes ☐ No

9. Name and Address of Current Registered Agent

SHAW, ROBERT
%SOUTHWEST FLORIDA REALTY, INC.
314 TAMIAMI TRAIL
PUNTA GORDA FL 33950-4839

10. Name and Address of New Registered Agent

81 Name: SHAW, ROBERT
82 Street Address (P.O. Box Number is Not Acceptable): RE/MAX HARBOR REALTY
83 1133 BAL HARBOR BLVD., SUITE 1129
84 City: PUNTA GORDA FL 85 Zip Code: 33950

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 _______ DATE _______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WHITMAN, WILBUR J.	12 NAME	
STREET ADDRESS	CREEK ROAD	13 STREET ADDRESS	
CITY, ST, ZIP	POUGHKEEPSIE NY	14 CITY, ST, ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	WHITMAN, JANE P.	22 NAME	
STREET ADDRESS	CREEK ROAD	23 STREET ADDRESS	
CITY, ST, ZIP	POUGHKEEPSIE NY	24 CITY, ST, ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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)(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] 4/24/95 914-471-4810 or 813-992-9377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0404457 FN