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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P13295

(1)

1. Corporation Name

WILLMAR ELECTRIC SERVICE, INC.



Principal Place of Business

106 W. LITCHFIELD AVENUE  
WILLMAR MN 56201

Mailing Address

P.O. BOX 934  
WILLMAR MN 56201

3. Date Incorporated or Qualified  
02/17/1987

3a. Date of Last Report  
06/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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 state if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME CHAPIN, JOHN E.  
STREET ADDRESS 900 WALNUT PLACE  
CITY-STATE-ZIP WILLMAR MN

TITLE SD ☐ DELETE

NAME CHAPIN, FRANK E.  
STREET ADDRESS 924 RICE AVENUE  
CITY-STATE-ZIP WILLMAR MN

TITLE D ☐ DELETE

NAME CHAPIN, CONSTANCE E.  
STREET ADDRESS 900 WALNUT PLACE  
CITY-STATE-ZIP WILLMAR MN

TITLE VD ☐ DELETE

NAME CHAPIN, S. ELMO  
STREET ADDRESS 308 N. 13TH ST.  
CITY-STATE-ZIP WILLMAR MN

TITLE TD ☐ DELETE

NAME CHAPIN, DAVID J  
STREET ADDRESS 1220 NW 29TH ST  
CITY-STATE-ZIP WILLMAR MN

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

106 W. LITCHFIELD AVE  
WILLMAR MN 56201

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

106 W. LITCHFIELD AVE  
WILLMAR MN 56201

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

106 W. LITCHFIELD AVE  
WILLMAR MN 56201

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

106 W. LITCHFIELD AVE  
WILLMAR MN 56201

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

106 W. LITCHFIELD AVE  
WILLMAR MN 56201

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

DIRECTOR  
LAUSCH, NANCY  
106 W LITCHFIELD AVE  
WILLMAR MN 56201

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (12/95)