

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gandra B. Marshall
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 1:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P24990 (4)

1. Corporation Name

UNITED ELECTRICAL & INSTRUMENTATION, INC.

Principal Place of Business

**622 COMMERCE STREET
CLUTE TX 77531**

Mailing Address

**622 COMMERCE STREET
CLUTE TX 77531**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/23/1989

3a. Date of Last Report

04/19/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

74-2077569

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 in printed name of registered agent and then if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCINTYRE, WILLIAM
STREET ADDRESS	2 BAYOU ROAD
CITY - ST - ZIP	LAKE JACKSON TX
TITLE	VD
NAME	MONICAL, LYNN D.
STREET ADDRESS	317 TIMBERCREEK
CITY - ST - ZIP	LAKE JACKSON TX
TITLE	SD
NAME	SPEED, CHARLENE CAYER
STREET ADDRESS	260 FAWN TRAIL
CITY - ST - ZIP	LAKE JACKSON TX
TITLE	TD
NAME	MONICAL, ROBERT
STREET ADDRESS	135 ARROWWOOD
CITY - ST - ZIP	LAKE JACKSON TX
TITLE	VD
NAME	MONICAL, HAROLD
STREET ADDRESS	103 CHERRYWOOD
CITY - ST - ZIP	LAKE JACKSON TX
TITLE	D
NAME	LEXTON, LARRY
STREET ADDRESS	622 COMMERCE
CITY - ST - ZIP	CLUTE TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(1)(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:

Shirley E. Monical **Shirley E. Monical** **4-28-95** **109/265.7451**

PRINTED NAME AND TYPE OF POSITION OF SIGNING OFFICER OR DIRECTOR