

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P28686**

(4)

1. Corporation Name

GUARANTEE ELECTRICAL COMPANY

Principal Place of Business

Mailing Address

3405 BENT
ST. LOUIS MO 63116

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ST. LOUIS MO 63116

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/30/1990

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

4. FEI Number
43-0303610

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

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 607.1506, 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 accept the obligation of Sections 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	OERTLI, CHARLES W.
STREET ADDRESS	9531 SUNNY CREEK
CITY - ST - ZIP	ST. LOUIS MO
TITLE	PD
NAME	OERTLI, FRED G.
STREET ADDRESS	11 CLERMONT LA.
CITY - ST - ZIP	ST. LOUIS MO
TITLE	SD
NAME	OERTLI, THELMA C.
STREET ADDRESS	12345 MENTZ HILL RD.
CITY - ST - ZIP	ST. LOUIS MO
TITLE	TAS
NAME	DIKEMPER, GREGORY R.
STREET ADDRESS	2571 CRIPPLE CREEK
CITY - ST - ZIP	ST. LOUIS MO
TITLE	D
NAME	OERTLI, ROBERT
STREET ADDRESS	12345 MENTZ HILL RD.
CITY - ST - ZIP	ST. LOUIS MO
TITLE	D
NAME	OERTLI, RICHARD A.
STREET ADDRESS	221 JOY AVE.
CITY - ST - ZIP	ST. LOUIS MO

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	TAS
43 STREET ADDRESS	Mentzluff, Douglas
44 CITY - ST - ZIP	910 Peace Haven Dr. St. Louis, MO 63125
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Douglas Mentzluff
DOUGLAS MENTZLUFF

4/25/95

31-772-
EUDU

(Signature and typed or printed name of signing officer or director)

(Date)

(Filing Office #)

TREASURER/ASST. SECY