

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P29577 (4)

1. Corporation Name

MATHIEU ELECTRIC, INC.



Principal Place of Business

5714 ORCHARD ROAD  
PASCAGOULA MS 39581-4051  
US

Mailing Address

P.O. BOX 389  
PASCAGOULA MS 39568-0389  
US

3. Date Incorporated or Qualified

05/30/1990

3a. Date of Last Report

03/07/1995

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

4. FEI Number

64-0585437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

FOWLER, COMER  
1900 WEST JORDAN & M STREET  
PENSACOLA FL 32523

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
MATHIEU, JULIE  
STREET ADDRESS 5714 ORCHARD RD  
CITY-ST-ZIP PASCAGOULA MS

TITLE ☐ DELETE

NAME STD  
R.L. MATHIEU  
STREET ADDRESS 5714 ORCHARD RD  
CITY-ST-ZIP PASCAGOULA MS

TITLE ☐ DELETE

NAME VD  
HAYGOOD, LINDA  
STREET ADDRESS 5714 ORCHARD ROAD  
CITY-ST-ZIP PASCAGOULA MS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ST  
Lynne Jones  
2.3 STREET ADDRESS 5714 Orchard Ave  
2.4 CITY-ST-ZIP Pascagoula MS

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME VD  
R. L. MATHIEU  
3.3 STREET ADDRESS 5714 Orchard Ave  
3.4 CITY-ST-ZIP Pascagoula MS

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 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:

*Julie Mathieu*

Julie Mathieu

03/14/96

601/762-2136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)