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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000009799 (7)

C S E ELECTRIC, INC.

FILED
May 07 1997 8:00am
Secretary of State

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Principal Pta	ace of Business	Mailing Address	Mailing Address						
3787 OLD MIDDLEBURG RD STE 2		STE 2	3787 OLD MIDDLEBURG RD STE 2						
JACKSONVILI US	LE FL 32210	Jacksonville FL 3221 US	JACKSONVILLE FL 32210-4600 US			3. Date Incorporated or Qualified 12/07/1992 3a. Date of Last Report 06/05/1996			eporl
1	Place of Business	2a. Mailing Address				4. FEI Number 59-3157361		Ar	oplied For ot Applicable
Suite, Ap	र्ग #, etc	Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75	Additional
2] City & St	ate	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be
3 Zip	Country	Zip	Cou	intry		8. This corporation has liability for in			
1	25	29	30	·····		Florida Statutes	Yes [] No	
	9. Name and Address of Curre	nt Registered Agent		-1		10. Name and Address of New Re	gistered /	lgent	
	atsoniii, william r			81	Name				
	05 BUCK POINT RD.			82	Street Addi	ress (P.O. Box Number is Not Acceptab	le)		
	JITE 1500 IX FL 32221			83	<u> </u>				
				84	City		FL	85 Zip	Code
	007.05	00			202204 005	poration submits this statement for the p		obanoino il	e registere
ignaturi 2.	Signaturi, typed or printed name of registered as	gent and title if appropable. (NND DIRECTORS	IOTE Registere		nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTOR	RS IN 12
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A M t	WATSON, WILLIAM R III	_	12 N	AME	-				
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I do hereby certify that the information supplied with this filing 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

MANATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

Dayline Phone #