

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

FLORIDA SECRETARY OF
STATE

1995



FLORIDA DEPARTMENT OF STATE

WACHS B. MONTGOMERY

SECRETARY OF STATE

1000 BANKERS BUILDING

APPROVED

FILED

MAY 11 1995

DOCUMENT # P93000043671 (5)

ALVA ELECTRICAL, INC.

(PRINT IN WRITING THIS SPACE)

**6500 COUNTY ROAD 78 WEST
ALVA FL 33920**

**6500 COUNTY ROAD 78 WEST
ALVA FL 33920**

3. Date of Corporate Last Meeting 06/14/1993	3a. Date of Last Report 04/29/1994
4. Filer's Number 65-0418429	Applies 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 corporate tax under S. 190.032 Florida Statutes ☒ yes ☐ no	

2. Principal Office Location 21	2a. Mailing Office 26
State App # 22	State App # 27
City & State 23	City & State 28
County 24	County 30

9. Name and Address of Current Registered Agent

**JOHNSON, DAVID L
6500 COUNTY ROAD 78 WEST
ALVA FL 33920**

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 607.01 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. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.01, Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '94	
1. NAME JOHNSON, DAVID L 2. STREET ADDRESS 6500 COUNTY ROAD 78 WEST 3. CITY ALVA FL 4. STATE FL 5. ZIP CODE 33920		1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP CODE	☐ Change ☐ Addition
6. NAME JOHNSON, MELISSA M 7. STREET ADDRESS 6500 COUNTY ROAD 78 WEST 8. CITY ALVA FL 9. STATE FL 10. ZIP CODE 33920		6. NAME 7. STREET ADDRESS 8. CITY 9. STATE 10. ZIP CODE	☐ Change ☐ Addition
11. NAME 12. STREET ADDRESS 13. CITY 14. STATE 15. ZIP CODE		11. NAME 12. STREET ADDRESS 13. CITY 14. STATE 15. ZIP CODE	☐ Change ☐ Addition
16. NAME 17. STREET ADDRESS 18. CITY 19. STATE 20. ZIP CODE		16. NAME 17. STREET ADDRESS 18. CITY 19. STATE 20. ZIP CODE	☐ Change ☐ Addition
21. NAME 22. STREET ADDRESS 23. CITY 24. STATE 25. ZIP CODE		21. NAME 22. STREET ADDRESS 23. CITY 24. STATE 25. ZIP CODE	☐ Change ☐ Addition
26. NAME 27. STREET ADDRESS 28. CITY 29. STATE 30. ZIP CODE		26. NAME 27. STREET ADDRESS 28. CITY 29. STATE 30. ZIP CODE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.032 and 190.033, Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if such certificate had been an official record of the corporation or the record of the board of directors empowered to make the filing as required by Chapter 607, Florida Statutes, and that the name appears in Block 1 or in Block 2 of the foregoing or on an attachment with an address.

SIGNATURE *Melissa M Johnson* **Melissa Johnson** 5/8/95 813-675-2071