

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 13 1995

DOCUMENT # P93000048783 (3)

1. Corporation Name

MCCURDY & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**3381 KNIGHT ST
JACKSONVILLE FL 32205
US**

**3381 KNIGHT ST
JACKSONVILLE FL 32205
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3196401

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. 193 (1992
Florida Statutes) ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 5267 Commonwealth Ave.

2a 5267 Commonwealth Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

24 32254

Country

29 32254

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCURDY, SULA
1410 EDGEWOOD AVE S
JACKSONVILLE FL 32205**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

5267 Commonwealth Ave.

03

04 City

FL

05

Zip Code
32254

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 reappointing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MCCURDY, LESLI R
STREET ADDRESS	3381 KNIGHT ST
CITY ST ZIP	JACKSONVILLE FL
TITLE	S
NAME	MCCURDY, SULA
STREET ADDRESS	1410 EDGEWOOD AVE S
CITY ST ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lesli R. McCurdy **Lesli R. McCurdy**

6-12-95 (904) 703-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 1995

DOCUMENT # P93000048793 (2)

1. Corporation Name

POWER ELECTRIC CONSTRUCTION, INC.

Principal Place of Business

6653 POWERS AVE
SUITE 21
JACKSONVILLE FL 32217

Mailing Address

6653 POWERS AVE
SUITE 21
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1993

3a. Date of Last Report

03/04/1994

4. FET Number

59-3191204

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

21 6901 Beach Blvd

2a. Mailing Address

26 6901 Beach Blvd.

Suite, Apt. #, etc.

22 Suite 01

Suite, Apt. #, etc.

27 Suite 01

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip

24 32216

County

25 Duval

Zip

29 32216

County

30 Duval

9. Name and Address of Current Registered Agent

PACE, JIMMY G
6653 POWERS AVE
SUITE 21
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name

Pace, Jimmy G.

82 Street Address (P.O. Box Numbers Not Acceptable)

6901 Beach Blvd.

83

Suite 01

84 City

Jacksonville

FL

85 Zip Code

32216

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 PSD
NAME PACE, JIMMY
STREET ADDRESS 6588 COLLIER RD.
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE VTD
NAME BROOME, ROBERT W
STREET ADDRESS 7701 BAYMEADOWS CIRCLE W., #1033
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ 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)(b), 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:

Robert W. Broome Robert W. Broome

5/15/95 (904) 855-1235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number