

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000049346 (8)

1. Corporation Name  
YOXALL ELECTRIC SUPPLY, INC.

Principal Place of Business

2820 LEWIS  
SPEEDWAY  
ST AUGUSTINE FL 32095  
US

Mailing Address

2820 LEWIS  
SPEEDWAY  
ST AUGUSTINE FL 32095-6612  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

24

9. Name and Address of Current Registered Agent

BROWN, ANTHONY W  
21 SEASIDE CAPERS  
ST. AUGUSTINE FL 32095-2383

3. Date Incorporated or Qualified

07/08/1993

3a. Date of Last Report

04/30/1996

4. FEI Number

59-3191261

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

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 of the person or persons who signed and filed this statement.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, ANTHONY W	
STREET ADDRESS	21 SEASIDE CAPERS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, PATRICIA E	
STREET ADDRESS	231 ARAQUAY AVE	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, LAURA K	
STREET ADDRESS	21 SEASIDE CAPERS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GROSS, MICHAEL E	
STREET ADDRESS	1079 GROVE PARK DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KAREN CALLAHAN	
1.3 STREET ADDRESS	336 ARAQUAY AVE	
1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VP	
2.2 NAME	DARRELL TREVELLICK	
2.3 STREET ADDRESS	2645 ALTON CT.	
2.4 CITY-ST-ZIP	MIDDLEBURG, FL.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Anthony W. Brown

1/7/97

904-824-3241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0017930

CR2E034 (9/96)