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FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1993

4. FEI Number

59-3191261

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 232 State Rd. 16

Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 232 State Rd. 16

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

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

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 PD ☐ DELETE

NAME BROWN, ANTHONY W  
STREET ADDRESS 21 SEASIDE CAPERS  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE TD ☐ DELETE

NAME CALLAHAN, KAREN  
STREET ADDRESS 336 ARAQUAY AVE  
CITY-ST-ZIP ST AUGUSTINE FL

TITLE D ☐ DELETE

NAME BROWN, LAURA K  
STREET ADDRESS 21 SEASIDE CAPERS  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE VP ☒ DELETE

NAME GROSS, MICHAEL E  
STREET ADDRESS 1079 GROVE PARK DR.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☒ DELETE

NAME TREVELICK, DARRELL  
STREET ADDRESS 2845 ALTON CT.  
CITY-ST-ZIP MIDDLEBURG FL

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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.

CR2E034 (10/97)