

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000059297**

1. Corporation Name
Dave Bean Electric, Inc.

Principal Place of Business

Mailing Address

**7850 Ellis Rd.
Melbourne, FL 32904**

**527 Ronnie Drive
Indian Harbour Beach, FL
32937**

2. Principal Place of Business

21 **7850 Ellis Rd.**

Suite, Apt. #, etc.

22

City & State

23 **Melbourne, FL**

Zip

24 **32904**

Country

25 **Brevard**

2a. Mailing Address

26 **527 Ronnie Drive**

Suite, Apt. #, etc.

27

City & State

28 **Indian Harbour Beach, FL**

Zip

29 **32937**

Country

30 **Brevard**

3. Date Incorporated or Qualified

August 24, 1993

3a. Date of Last Report

Jan. 17, 1995

4. FEI Number

59-3198341

Applied For

Not Applicable

5. Certificate of Status Desired

XX

**\$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 **XX** No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Dave Bean
527 Ronnie Drive
Indian Harbour Beach, FL 32937**

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

Dave Bean
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President/CEO** ☐ DELETE
NAME **David A. Bean**
STREET ADDRESS **527 Ronnie Drive**
CITY-ST-ZIP **Indian Harbour Bch, FL 32937**

TITLE **Secretary/Treasurer** ☐ DELETE
NAME **Donna M. Weeks**
STREET ADDRESS **527 Ronnie Drive**
CITY-ST-ZIP **Indian Harbour Bch, FL 32937**

TITLE **VP of Licensing & Permits** ☐ DELETE
NAME **Jerry Herron**
STREET ADDRESS **1046 Dallam Ave., NW**
CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

**S00001835875
-05/23/96-01006-033
***233.75**

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 119.07(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:

Dave Bean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/96

407 676 5414
Daytime Phone #

CR2E034 (12/95)