

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000069593 (0)**

1. Corporation Name  
**EDGAR'S ELECTRIC, INC.**



Principal Place of Business: **411 LOCHMOND DR. FERN PARK FL 32730**  
Mailing Address: **411 LOCHMOND DR. FERN PARK FL 32730**

2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.	26 State, Apt. #, etc.	27 City & State	30 Zip
22 City & State	28 City & State	29 Zip	30 Country
23 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified <b>10/01/1993</b>	3a. Date of Last Report <b>03/03/1995</b>
4. FEI Number <b>59-3204911</b>	Applied For Not Applicable
5. Corporate Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MALDONADO, EDGARDO 411 LOCHMOND DR. FERN PARK FL 32730</b>		61 Name	62 Street Address (P.O. Box Number is Not Acceptable)
		63	64 City
		65 FL	65 Zip Code

11. Pursuant to the provisions of Sections 607.0302 and 607.1506, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDONADO, EDGARDO	2. NAME	
STREET ADDRESS	411 LOCHMOND DR.	13. STREET ADDRESS	
CITY-STATE-ZIP	FERN PARK FL	14. CITY-STATE-ZIP	
TITLE	VP	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDONADO, SHIRLEY	22. NAME	
STREET ADDRESS	411 LOCHMOND DR.	23. STREET ADDRESS	
CITY-STATE-ZIP	FERN PARK FL	24. CITY-STATE-ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this report voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 in an attachment with an address.

SIGNATURE: *Shirley Maldonado/Shirley Maldonado* OFFICER 4/16/96 (407) 260-1533

CR2E034 (12/95)