

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9: 51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000070433 (6)

1. Corporation Name

R J WIRE & CABLE, INC.

Principal Place of Business

**941 ADELPH CT.
FT. MYERS FL 33919**

Mailing Address

**2350 CRYSTAL RD.
FT. MYERS FL 33907**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/11/1993

3a. Date of Last Report

06/06/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 2350 CRYSTAL RD.

26

65-0447806

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

22

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23

FT. MYERS, FL

28

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

24

33907

Country

29

Zip

Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**LOCKER, JOSEPH R JR
2150 GOODLETTE ROAD NORTH
6TH FLOOR
NAPLES FL 33940**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **HENVANDER, RAUL**
STREET ADDRESS **778 103TH AVE. N.**
CITY-ST-ZIP **NAPLES FL 33996-3**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V**
NAME **HEIM, JEFFERY**
STREET ADDRESS **941 ADELPH CT.**
CITY-ST-ZIP **FT. MYERS FL 33919**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

KEIM, JEFFERY

TITLE **S**
NAME **HERNANDEE, RAUL**
STREET ADDRESS **778 105TH AVE.**
CITY-ST-ZIP **NAPLES FL 33963**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **T**
NAME **HEIM, JEFFERY**
STREET ADDRESS **941 ADELPH CT.**
CITY-ST-ZIP **FT. MYERS FL 33919**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

KEIM, JEFFERY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: X

Jeffery Keim

X4-25-95 X813-939-7771

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Typed Name)