

PROFIT
CORPORATION
ANNUAL REPORT
1996



FILED
May 01 1996 8:00 am
Secretary of State

1. Corporation Name
R J WIRE & CABLE, INC.

| | |
|-----------------------------------------------|----------------------------------------|
| Principal Place of Business | Mailing Address |
| 2350 CRYSTAL RD. FT. MYERS FL 33907 LIS | 2350 CRYSTAL RD. FT. MYERS FL 33907 |

| | | | |
|---------------------------------------|-----------|----------------------------|-----------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 26 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | | 28 | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 3. Date Incorporated or Qualified 10/11/1993 | | 3a. Date of Last Report 05/01/1995 | |
| 4. FEI Number 65-0447806 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 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 | | 81 | Name |
| LOCKER, JOSEPH R JR | | 82 | Street Address |
| 2150 GOODLETTE ROAD NORTH | | 83 | |
| 6TH FLOOR | | 84 | City |
| NAPLES FL 33940 | | | |

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

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: _____ If the agent is a

$\vec{r}_i = \vec{r}_i^0 + \vec{r}_i^1$ being the total displacement of the i th atom, we can write

DATA

| 12. OFFICERS AND DIRECTORS | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <p>P <input type="checkbox"/> DELETE</p> <p>HENVANDER, RAUL</p> <p>778 103TH AVE. N.</p> <p>NAPLES FL 33396-3</p> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <p>V <input type="checkbox"/> DELETE</p> <p>KEIM, JEFFREY</p> <p>941 ADELPH CT.</p> <p>FT. MYERS FL</p> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <p>S <input type="checkbox"/> DELETE</p> <p>HERNANDEE, RAUL</p> <p>778 105TH AVE.</p> <p>NAPLES FL 33963</p> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <p>T <input type="checkbox"/> DELETE</p> <p>KEIM, JEFFREY</p> <p>941 ADELEPI CT.</p> <p>FT. MYERS FL</p> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <p><input type="checkbox"/> DELETE</p> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <p><input type="checkbox"/> DELETE</p> |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | DATE |
|-------------------------------------------------------|-------------------------------------------------------------------|------|
| 1 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 1 2 NAME | | |
| 1 3 STREET ADDRESS | | |
| 1 4 CITY - ST - ZIP | | |
| 2 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2 2 NAME | | |
| 2 3 STREET ADDRESS | | |
| 2 4 CITY - ST - ZIP | | |
| 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 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:

JEFFERY K
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFERY KEIM-VICE PRESIDENT 4.29.96

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