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FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000009011 (5)

1. Corporation Name

ELECTRICAL INDUSTRIAL CONTRACTORS, INC.

Principal Place of Business

OLD BRADENTON ROAD
WAUCHULA FL 33873

Mailing Address

P O BOX 547
WAUCHULA FL 33873-0547
US



3. Date Incorporated or Qualified

02/01/1994

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

21

Suite, Apt. # etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0489664

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

☐

No

9. Name and Address of Current Registered Agent

SHIVER, GARY M
OLD BRADENTON ROAD
WAUCHULA FL 33873

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 to whom applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	SHIVER, GARY M	
STREET ADDRESS	ROUTE 1 BOX 74 SA	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHIVER, JAMES L	
STREET ADDRESS	RT 1 BOX 78-A	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	SHIVER, RUBY L	
STREET ADDRESS	RT 1 BOX 78-A	
CITY-ST-ZIP	WAUCHULA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shiver, Gary M.	
1.3 STREET ADDRESS	1332 Old Bradenton Rd.	
1.4 CITY-ST-ZIP	Wauchula, FL 33873	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shiver, James L.	
2.3 STREET ADDRESS	1240 Old Bradenton Rd.	
2.4 CITY-ST-ZIP	Wauchula, FL 33873	
3.1 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Shiver, Ruby L.	
3.3 STREET ADDRESS	1240 Old Bradenton Rd.	
3.4 CITY-ST-ZIP	Wauchula, FL 33873	
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 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.

SIGNATURE:

Ruby L. Shiver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruby L. Shiver

01-29-97

Date

941 773-2933

Daytime Phone #

CR2E034 (9/96)