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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # 1. Corporation Name

STREET ADDRESS

SIGNATURE

P94000011782 (7)

T.E.D. ELECTRIC, INC.						) 18 (18 18 18 18 18 18 18 18 18 18 18 18 18 1			
Principal Place of E	Business	Mailing Address							
1850 S GLENCOE RD									
NEW SMYRNA	BEACH FL 32168	new smyr	NEW SMYRNA BEACH FL 32168			Date Incorporated or Qualified			ort
						02/08/1994		)4/25/199	
						4. FEI Number	.i		plied For
2. Principal Place	of Business	2a. Mailing Addi	<b>2a.</b> Mailing Address			59-3224075 Not Applicable			( Applicable
21			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
Suite, Apt. #, etc.		h	27					Fee Re	
22			City & State			6. Election Campaign Financing	Campaign Financing \$5.00 May Be		
City & State		28	1			Trust Fund Contribution	-		
Zip Country		Zıp				8. This corporation has liability for	intangibie ta: No	Curider 5	33.002,
	25	29	30			Florida Statutes Yes  10. Name and Address of New F	Registered A	Agent	
	9. Name and Address of Curren	t Registered Agen	t	81	Name:	TO. III			
					1	A Day Aggregate	rsle)		
DORAN.	TED			82	Street Addr	ress (P.O. Box Number is Not Acceptal	Die)		
1850 S	GLENCOE RD			83					ì
NEW SI	MYRNA BEACH FL 32168				ļ			85 Zip	Code
				84		ration submits this statement for the porter of directors. I hereby accept the app	FL	_   **   ` `	1
	onative bysed or printed name of registeris adjec-	tanetore il appe alla				ration submits this statement for the point of directors. Thereby accept the applications are string.  ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTOR	RS IN 12
12.		ID DIRECTORS	DELETE	1 1 1111				Change	Addition
TITLE	PD			1.2 NAME					
NAME	DORAN, THEODORE E JR 1850 S GLENCOE RD	١.		1.3 STREE	ET ADDRESS				1
STREET ADDRESS	NEW SMYRNA BEACH FL			1.4 CiTY	ST-ZIP			Change	Addition
CITY+ST-ZIP TITLE	ST		DELETE	2 1 111.1	E			L onenge	
NAME	DORAN, PATRICIA A			2.2 NAM	1				
STREET ADDRESS	1850 S GLENCOE RD			1	ET ADDRESS				
CITY-SI-ZIP	NEW SMYRNA BEACH FL	<u> </u>	DC: 516	2 4 C-1Y				Change	☐ Addition
TITLE			DELE1E	3 1 HTL 32 NAM					
NAME					EFT ADDRESS				
STREET ADDRESS					1-ST-21P				
CHY-ST-ZIP			DELETE	4 1 113				Change	Addition
TITLE		U		4 2 NAN					
NAME	ļ				EET ADDRESS				
STREET ADDRESS				4.4 CIT	Y-S1-ZIP			Change	Addition
CITY-ST-ZIP			DELETE	5 1 TIT	LF			☐ Citarige	L. /.do.troi!
TITLE NAME				5.2 NA	ME				
STREET ADDRESS				5381	REET ADDRESS				
CITY-ST-7IP					Y - S1 - ZIP		<del></del>	☐ Change	Addition
TITLE			DELETE	6 1 10	TLF				

14. If 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 increased on this around report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information increased on this around report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the first order of the corporation or the reserved 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 change d, or on an all address.

6.2 NAME 6.3 STREET ADDRESS