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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

P94000023941 (5) DOCUMENT #
1. Corporation Name

STEVE'S ELECTRICAL SERVICE, INC.

Principal F	lace of	Business
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Principal Place of 871 DARTMON NOKOMIS FL	OR CIRCLE		Mailing Address  B71 DARTMOOR CIRCLE NOKOMIS FL 34275						
						Date Incorporated or Qualified     03/25/1994		te of Last I )5/01/19	
2. Principal Pia	ce of Business	2a. Mailing Address				4. FEI Number 65-0484877			Applied For
21		26				00'0404077		<b>\$8.7</b>	Not Applicable  5 Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		• • • •	00 May Be ed to Fees
Zip	Country	Zip	Co	untry		8. This corporation has liability for		tax under :	s 199.032,
24	25	29	30	<b></b>			No	A A	
	9. Name and Address of Curre	nt Registered Agent		81	Librara	10. Name and Address of New F	egisterec	Agent	
				181	Name				
PETTIT,				82	Street Addr	ess (P.O. Box Number is Not Acceptat	le)		
	rtmoor circle Is FL 34275			83			·····		
HOLOM	10 1 L 012/0			-	677			les l	Zip Code
				84	' '	ration submits this statement for the pu	FI		
SIGNATURE	act agent, or both, in the State of Flo h, and accept the obligations of, Sec Signature, typed or protest name of registered agri		01E: Flagistere			ration submits this statement for the purific of directors. I hereby accept the app	CATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	D DETENT OFFICE	DELETE		TITLE				Change	Addition
NAME	PETTIT, STEVE 871 DARTMOOR CIRCLE			MAMÉ STREET	I ADDDCCC				
STREET ADORESS	NOKOMIS FL 34275				FADDRESS ST - ZIP				
C(1Y-ST-ZIP TITLE	0	[7] DELETE		TITLE	2 . 711			Change	Add-tion
NAME	PETTIT, STELLA	<b></b>	221	NAME					
STREET ADDRESS	871 DARTMOOR CIRCLE		2.33	STREE	I ADDRESS				
CITY-ST-7/P	NOKOMIS FL 34275	VA. 1			ST- ZIP			F-1 Oberes	- Eddilon
TITLE		☐ DELETE		TITLE				Change	Addition
NAME			•	NAME	T ADDRESS				
STREET ADDRESS					T ADORESS ST-ZIP				
CITY-ST-ZIP TITLE		DELETE		TITLE	D1 'Z'			Change	Addition
NAME				NAME					
STREET ADDRESS			4.3	STREE"	T ADDRESS				
CITY-ST-ZIP			4.4	CITY-	SI-7iP			F-1 A:	print p to the
THTLE		☐ DEFEI€		HILE				Change	Addition
NAME:				NAME					
STREET ADDRESS			1		LADDRESS				
CITY-ST-ZIP		DELETE			ST-ZIP			Change	Addition
TITLE		[ ] precit		TITLE NAME				C. Sinding.	
NAME CERTEST ADDRESS					I ADDRESS				
STREET ADDRESS					SI-ZIP				
CITY-ST-ZIP	L certify that the information supplier	d with this filing is voluntarily <b>fur</b>	mished and	doe	es not qualify	for the exemption stated in Section 119	.07(3)(k), F	lorida Sta	utes. I further

read nervely certify that the information supplied with this alling is voluntarily runnished and does not qualify for the exemption stated in Section 119.0/(3)(k), Florida Statutes. Forther 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 of an attachment with an address.

SIGNATURE:

Steve Pettit 4/28/96 94-488-0700

SIGNING OFFICER OR DIRECTOR

Date

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