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

DOCUN 1. Corporation	MENT# P94U	00033081 ((8)		
	ELECTRIC, INC.				
i i i	LLCTINO, 1140-			n indiinadh fia iolik dhùin dùist anns i	1000 1000 1000 1000 200 1000 1000 1000
Principal Place of Business		Mailing Address			
2215 GARDEN STREET		2215 GARDEN STREET			
TITUSVILLE	FL 32796	TITUSVILLE FL 327	96		
				3. Date Incorporated or Qualified	Ba. Date of Last Report
		1 _ 1,		04/29/1994 4. FEI Number	03/21/1995
Principal Place of Business		2a. Mailing Address 26		59-3239448	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for inta	ngible tax under s. 199.032.
24	25 9. Name and Address of Curre	of Registered Agent	30	Florida Statutes Yes [
	g, manie and Address of Curre	in negistered Agent	81 Name	10. Name and Address of New Regi	stereu Ayent
HEATH	i, THEODORE R				
l	GARDEN STREET		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	/ILLE FL 32796		83		
			84 Gity		Test 7 . 0 .4.
			84 Gity		FL 85 Zip Gode
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above named corporation is be-	oration submits this statement for the purpos and of directors. Thereby accept the appoint	se of changing its registered office
familiar witi	n, and accept the obligations of, Sec	tion 607.0505, Florida Statute	s.	ard or orrectors, thereby accept the appoint	ment as registered agent. Fam
SIGNATURE _					
12.	Signature, typical or prostora madici of najvalensal ager OF STOTERS AN	Carchine tappination (N	Dis Programme 1 Agent signature recurr	ADDITIONS/OHANGES TO OFFICE	OATE
THLE	P	□ DELETE	1 1 TILLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	HEATH, THEODORE R		1.2 NAME		
STREET ADDRESS	2215 GARDEN ST		1.3 STRÉET ADORESS		
CITY+ST-ZIP	TITUSVILLE FL		1.4 City - ST. ZIP		
THILE	ST	☐ D£L£TE	2 1 TITLE		Change Addition
NAME	HEATH, BONNIE C		2 2 NAME		
STREET ADDRESS	2215 GARDEN ST		2.3 STREET ADDRESS		
CITY - ST - ZIP	TITUSVILLE FL		2 4 CIFY - \$1 - ZIP	· · · · · · · · · · · · · · · · · · ·	
THILE		☐ DELETE	3 1 TIFLE		Change Addition
NAME STORET ADDRESS			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CHY-SI-ZIF 4.1 THLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C(1) S1 - Z(P		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-ZIP			5.4 C(1Y - S1 - ZIP		
THILE		DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
64 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and			nished and does not qualify	for the exemption stated in Section 119.07/	3/k) Florida Statutes I further
	, coming chas and anomination supplied	The time in 19 to voluntarily full	no log and doos not quality	TO THE EXCHIPTION STATES IN OCCUPANTION	oper, cronder oracides, crustici

I do hereby certify that the information supplied with this fing 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 application with an address.

THEODORE R. HEATH

5/10/96

407–267–1368

IGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chapter Insulation.

SIGNATURE:

Daytime Phone #