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FILED

Jan 17 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 # P94000065558 (6)

1. Corporation Name
ELECTROLS, INC.



Principal Place of Business
14421 BRIDGEVIEW LANE
PORT CHARLOTTE FL 33953

Mailing Address
PO BX 1143
P. O. BOX 381143
MURDOCK FL 33938-1143
US

3. Date Incorporated or Qualified
09/01/1994

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0519661

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLS, ROBERT
14421 BRIDGEVIEW LANE
PORT CHARLOTTE FL 33953

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 filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input type="checkbox"/> DELETE
NAME	MILLS, MARILYN L.	
STREET ADDRESS	14421 BRIDGEVIEW LANE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, MARILYN L.	
STREET ADDRESS	13321 BRIDGEVIEW LN	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLS, JACK J.	
STREET ADDRESS	47740 AMERICAN WAY	
CITY-ST-ZIP	MACOMB MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLS, CHRISTOPHER A.	
STREET ADDRESS	17307 HILLCREST DRIVE	
CITY-ST-ZIP	MACOMB MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33953
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	53501 STONEHENGE DR.
3.4 CITY-ST-ZIP	SHELBY TWP. MI 48315
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	MACOMB MI 48044
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROBERT J. MILLS
5.3 STREET ADDRESS	PRESIDENT
5.4 CITY-ST-ZIP	14421 BRIDGEVIEW LANE
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	PORT CHARLOTTE FL 33953
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:

Robert J. Mills

1-6-97 (941)764-1286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0407172

CR2E034 (9/96)