FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:49

DOCUMENT # P94000073633 (7)

1. Corporation Name
SERVICE SYSTEMS ELECTRIC OF CENTRAL FLORIDA, INC

Principal Place of Business
721 CREEKWATER TER #209
LAKE MARY FL 32746

Mailing Address
P O BOX 915141
LONGWOOD FL 32791

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/03/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 457 AMETHYST WAY
Suite, Apt. #, etc. 22
City & State 23 LAKE MARY FL
Zip 24 32746 Country 25 SEMINOLE

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number 59-3288420 — 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
DEMORSE, J. D.
721 CREEKWATER TER #209
LAKE MARY FL 32746

10. Name and Address of New Registered Agent
81 Name DEMORSE, J. D.
82 Street Address (P.O. Box Number is Not Acceptable) 457 AMETHYST WAY
83
84 City LAKE MARY FL 85 Zip Code 32746

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 J. D. DeMorse (NOTE: Registered Agent signature required when resigning) DATE MAY 20, 95
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	J. D. DEMORSE	1.2 NAME	
STREET ADDRESS	457 AMETHYST WAY	1.3 STREET ADDRESS	
CITY · ST · ZIP	LAKE MARY FL 32746	1.4 CITY · ST · ZIP	
TITLE	VICE PRESIDENT	2.1 TITLE	☐ Change ☐ Addition
NAME	RAND DEMORSE	2.2 NAME	
STREET ADDRESS	457 AMETHYST WAY	2.3 STREET ADDRESS	
CITY · ST · ZIP	LAKE MARY, FL 32746	2.4 CITY · ST · ZIP	
TITLE	REGISTERED AGENT	3.1 TITLE	☐ Change ☐ Addition
NAME	J. D. DEMORSE	3.2 NAME	
STREET ADDRESS	457 AMETHYST WAY	3.3 STREET ADDRESS	
CITY · ST · ZIP	LAKE MARY, FL 32746	3.4 CITY · ST · ZIP	
TITLE	TRESURER	4.1 TITLE	☐ Change ☐ Addition
NAME	J D. DEMORSE	4.2 NAME	
STREET ADDRESS	457 AMETHYST WAY	4.3 STREET ADDRESS	
CITY · ST · ZIP	LAKE MARY FL 32746	4.4 CITY · ST · ZIP	
TITLE	SECRETARY	5.1 TITLE	☐ Change ☐ Addition
NAME	KEN EILERS	5.2 NAME	
STREET ADDRESS	2539 LONG IRON CT.	5.3 STREET ADDRESS	
CITY · ST · ZIP	LONGWOOD, FL 32779	5.4 CITY · ST · ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY · ST · ZIP		6.4 CITY · ST · ZIP	

14. I 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 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: J. D. DeMorse J. D. DEMORSE (AGENT) MAY 20, 95 (407) 330-2648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0051806 CP