

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # **P94000073633 (7)**
1. Corporation Name
SERVICE SYSTEMS ELECTRIC OF CENTRAL FLORIDA, INC



Principal Place of Business Mailing Address
**457 AMETHYST WAY 310 W CENTRAL PKWY P O BOX 915141
LAKE MARY FL 32746 SUITE 7100 LONGWOOD FL 32791-5141
400 ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
10/03/1994 08/21/1996
4. FEI Number Applied For
59-3288420 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$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. 310 WEST CENTRAL PKWY
457 AMETHYST WAY SUITE 7100
LAKE MARY FL 32746 ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent
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 title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **PTRA DEMORSE, J D**
STREET ADDRESS **457 AMETHYST WAY**
CITY-ST-ZIP **LAKE MARY FL**
TITLE ☒ DELETE
NAME **VP DEMORSE, RANDY**
STREET ADDRESS **457 AMETHYST WAY**
CITY-ST-ZIP **LAKE MARY FL**
TITLE ☒ DELETE
NAME **S EILBERS, KEN**
STREET ADDRESS **2539 LONG IRON CT**
CITY-ST-ZIP **LONGWOOD FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PTRA DEMORSE, J. D.**
1.3 STREET ADDRESS **310 W CENTRAL PKWY SUITE 7100**
1.4 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **J. D. DEMORSE** 4-25-97 (407) 288-1833

CR2E034 (9/96)