

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

CORPORATION
ANNUAL REPORT
1995



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000076345 (5)**

OVERSTREET ELECTRIC CO., INC.

2. Principal Place of Business 144 PECAN PL PACE FL 32571		2a. Mailing Address 144 PECAN PL PACE FL 32571		3. Fictitious Statement of Liquidation 10/17/1994		3a. Date of Liquidation	
21. State of Incorporation	26. Mailing State	4. FFI Number 59-3272943		Aggregated Fee		Not Applicable	
22. City & State	27. Mailing City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23. City & State	28. Mailing City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24. City	25. County	29. City	30. County	8. Does corporation have liability for mortgage tax under § 199.022? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent OVERSTREET, BENJAMIN J IV 144 PECAN PL PACE FL 32571				10. Name and Address of New Registered Agent			
B1. Name				B2. Street Address (P.O. Box Number - Not Acceptable)			
B3.				B4. City			
				FL		B5. Zip Code	

11. Pursuant to the provisions of sections 607.01, 607.02, and 607.03, Florida Statutes, the above named corporation certifies 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, or by the appointment of a registered agent, and is hereby certified, except the undersigned, as follows: Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADULTS, GUARDIANS, ETC. OFFICERS AND DIRECTORS	
NAME D OVERSTREET, BENJAMIN J IV 144 PECAN PL PACE FL 32571	STREET ADDRESS CITY STATE ZIP	NAME	STREET ADDRESS CITY STATE ZIP
NAME D OVERSTREET, MARY Z 144 PECAN PL PACE FL 32571	STREET ADDRESS CITY STATE ZIP	NAME	STREET ADDRESS CITY STATE ZIP
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in sections 199.022 (1)(a), Florida Statutes. I further certify that the information included 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 its registered agent, or person responsible for seeing that the report is prepared as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE: **BENJAMIN J. OVERSTREET W** 4/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF THE OFFICER OR DIRECTOR

904-994-1930