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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

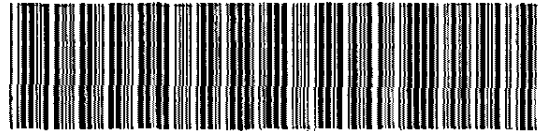
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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Mayfield
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P94000076345 (5)

1. Corporation Name

OVERSTREET ELECTRIC CO., INC.

93 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

144 PECAN PL
PACE FL 32571

Mailing Address

144 PECAN PL
PACE FL 32571

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/1994

3a. Date of Last Report

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

24

Zip

Country

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

30

4. FEI Number

59-3272943

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

OVERSTREET, BENJAMIN J IV
144 PECAN PL
PACE FL 32571

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 of agent)

(NOTE: Registered Agent signature required - non-resident)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

OVERSTREET, BENJAMIN J IV

STREET ADDRESS

144 PECAN PL

CITY - ST - ZIP

PACE FL 32571

TITLE

D

NAME

OVERSTREET, MARY Z

STREET ADDRESS

144 PECAN PL

CITY - ST - ZIP

PACE FL 32571

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

Change Addition

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

15. TITLE

Change Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE

Change Addition

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE

Change Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE

Change Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE

Change Addition

62. NAME

63. STREET ADDRESS

64. 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)(b), 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 managing 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:

[Handwritten Signature]

BENJAMIN J. OVERSTREET W 4/30/95

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

DATE

Daytime Phone #

904-994-1930