

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000033869 (5)

1. Corporation Name

STARLING ELECTRIC INC.



Principal Place of Business

1904 HARTMAN ROAD  
FT PIERCE FL 34947

Mailing Address

1904 HARTMAN ROAD  
FT PIERCE FL 34947

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

STARLING, WILLIAM A  
3322 SUNRISE BLVD  
FT PIERCE FL 34982

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 date of signature

(P.O. Box Number is Not Acceptable) Registered Agent signature required when changing agent

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD  
STARLING, WILLIAM A  
3322 SUNRISE BLVD  
FT PIERCE FL 34982

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VST  
STARLING, BONNIE L  
3322 SUNRISE BLVD  
FT PIERCE FL 34982

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. NAME STREET ADDRESS CITY-ST-ZIP

13. STREET ADDRESS CITY-ST-ZIP

14. CITY-ST-ZIP

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP

22. NAME STREET ADDRESS CITY-ST-ZIP

23. STREET ADDRESS CITY-ST-ZIP

24. CITY-ST-ZIP

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP

32. NAME STREET ADDRESS CITY-ST-ZIP

33. STREET ADDRESS CITY-ST-ZIP

34. CITY-ST-ZIP

4. TITLE NAME STREET ADDRESS CITY-ST-ZIP

42. NAME STREET ADDRESS CITY-ST-ZIP

43. STREET ADDRESS CITY-ST-ZIP

44. CITY-ST-ZIP

5. TITLE NAME STREET ADDRESS CITY-ST-ZIP

52. NAME STREET ADDRESS CITY-ST-ZIP

53. STREET ADDRESS CITY-ST-ZIP

54. CITY-ST-ZIP

6. TITLE NAME STREET ADDRESS CITY-ST-ZIP

62. NAME STREET ADDRESS CITY-ST-ZIP

63. STREET ADDRESS CITY-ST-ZIP

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Starling

2/26/96 (407) 466-6891

Date

Daytime Phone #

CR2E034 (12/95)