

# 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 # **P95000044074 (9)**

1. Corporation Name

**SOUTHEAST CIRCUIT SUPPLY, INC.**



Principal Place of Business

P.O. BOX 17744  
CLEARWATER FL 34622

Mailing Address

P.O. BOX 17744  
CLEARWATER FL 34622

2. Principal Place of Business

2a. Mailing Address

21 4682 107th Circle North

26 4682 107th Circle North

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Clearwater, Fla

27 Clearwater, Fla

City & State

City & State

23 34622-

28 Clearwater, Fla

Zip

Zip

Country

Country

24 Pinellas

29 34622 Pinellas

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

4. FEE Number

59 3322230

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

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 the if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME RICCARDI, DONALD J  
STREET ADDRESS 1630 N.W. 49TH CT.  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ DELETE

NAME MALONEY, EDWARD J  
STREET ADDRESS 5617 ASHEFORDE LANE  
CITY-ST-ZIP MARIETTA GA 30068

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☒ Change ☐ Addition

1 NAME Donald J Riccardi  
12 NAME 935 Jungle Avenue North  
13 STREET ADDRESS ST Petersburg, Fla 33710

14 CITY-ST-ZIP ☐ Change ☐ Addition

2 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

3 NAME ☐ Change ☐ Addition

32 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

4 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY-ST-ZIP ☐ Change ☐ Addition

5 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY-ST-ZIP ☐ Change ☐ Addition

6 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY-ST-ZIP ☐ Change ☐ Addition

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: Donald J Riccardi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

813 572 9214

Date District Phone #

CR2E034 (12/95)