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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

7 (1 4)	1996			retary of State OF CORPORAT	IONS			
DOCU 1. Corporatio	MENT # P9	500005	4830 (1)				
RESPO	ONSE ELECTRICAL IN	IC.						
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Dringing Plan	a of Runings		No. A. I. I					
Principal Place of Business Mailing Address 11500 SUMMIT WEST BLVD. STE 44B 11500 SUMMIT WEST BLVD. TAMPA FL 33617 TAMPA FL 33617					_			
					3			
						3. Date Incorporated or Qualified	3a Date o	f Last Report
						07/17/1995		our 1st Repor
2. Principal P	Place of Business		Mailing Address	100	Cl ı	4. FEI Number		Applied For
Suite, Apt.	32 N - 565 #, etc.		<u>みぬうみ</u> Suite, Apt. #, etc.	N. 2 P.	Street	59-3330		Not Applicable \$8.75 Additional
22		27				5. Certificate of Status Desired	X	Fee Required
City & State 23 Tain	1.1	-	City & State	Cı		6. Election Campaign Financing		\$5.00 May Be
23 / <i>[a.</i> n.	Country	28	Zip	Country	·	Trust Fund Contribution 8. This corporation has liability for		Added to Fees
24 3361	7 25 Hilsha	100gh 29	33617	30 11:116	poronap	Florida Statutes	s □ √√o	
	9. Name and Address of	of Cuirent Registe	ered Agent	81	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New I	Registered Ag	ent
KIZZIAH.	. Robert e							
11500 SUMMIT WEST BLVD. STE 44B					82 Street Address (P.O. Box Number is Not Acceptable)			
TAMPA	FL 33617			83				
				84	City			85 Zip Code
11. Pursuant	to the provisions of Sections	607.0502 and 607.	1508. Florida Stat	utes, the above-	named corpora	tion submits this statement for the pu	FL	ing its registered office
	red agent, or both, in the Stati ith, and accept the obligations				coration's board	tion submits this statement for the pu f of directors. I hereby accept the app	ointment as re	gistered agent. I am
SIGNATURE .								
12.	Signature, typed or printed name of regi	stered agent and little if app CERS AND DIRECT		(NOTE: Registered Age	nt signature required i		DATE	
TITLE	Tracey Beaut		DELETE	1. 1 TITLE		ADDITIONS/CHANGES TO OFF		Change Addition
NAME	President			12 NAME			_	
STREET ADDRESS	12237 N 2047			13 STREET	ADDRESS			
CITY-ST-ZIP TITLE	Tampa Fl	23617	DELETE	1.4 City - 5 2. 1 Title	ST-ZIP			Ohanna 🗖 Addition
NAME	Robert Kizzia	h		2.2 NAME			L) '	Change
STREET ADDRESS	12232 N. 561			2.3 \$TREET	ADDRESS			
CITY-ST-ZIP	Tampa Fi	33617_	F7 55. 550	2.4 CiTY - 9	ST - ZIP			
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STREET ADDRESS				3.2 NAME 3.3 STREE	T ADDRESS			
CITY-ST-ZIP				3.4 CITY-5				
TITLE			☐ DELETE	4 1 THTLE				Change
NAME STREET ADDRESS				4.2 NAME				
CITY-ST-ZIP				4.3 STREET 4.4 CITY - S				
TITLE			☐ DELETE	5. 1 TITLE	A 411			Change
NAME				5.2 NAME	ĺ		_ 	-
STREET ADDRESS				5.3 STREET				
CITY-ST-7IP TITLE			DELETE	5.4 CITY - S 6.1 TITLE	T-ZIP		[]	Change
NAME				62 NAME			,	nonline Typotion
STREET ADDRESS				63 STREET	ADDRESS			ļ
CITY-ST-ZIP	v certify that the information of	unnlied with this FI	na je volustadlu 4 -	6.4 CITY - S	T-ZIP	Alexander A. C. C.	67/0.5	
cerniy mar	. the information hulcated on	uus annoacieexin c	ar summental ar	innal report is id.	ie and accurate	the exemption stated in Section 119, and that my signature shall have the	come local offs	ا بملسين ملم محملة محمده
appears in	Block 12 or Block 13 if char	ged, or on an atlac	nment with an ad-	ico empowered 1 dress.	io execute this r	report as required by Chapter 607, Fi	orida Statutes;	and that my name
SIGNAT	URE (d	lat P	Kim. D	•		41,c 19h	012	169 98A1
CIGITAL	SIGNATURE AND	WED OR PRINTED N	ME OF ACTIVIS OFFI	CER OR DIRECTOR		Date	Daytin	89-9801 Prone 1