

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000089564 (5)

1. Corporation Name

ELECTCOM, INC.



Principal Place of Business

Mailing Address

917 HOSPITAL DRIVE
SUITE E
NICEVILLE FL 32578

P.O. BOX 893
VALPARAISO FL 32580-0893

3. Date Incorporated or Qualified
11/20/1995

3a. Date of Last Report
NA

2. Principal Place of Business

2a. Mailing Address

21 535A VALPARAISO PKY.

26 Suite, Apt. #, etc.

22 City & State
23 VALPARAISO FL

27 City & State

24 Zip 32580 Country OKALOUSSA

28 Zip

30 Country

4. FEI Number
593348841

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

10. Name and Address of New Registered Agent

HELMS, J. MICHAEL
19 NEWCASTLE COURT
NICEVILLE FL 32578

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

535A VALPARAISO PKY

83

84 City VALPARAISO

FL

85 Zip Code 32580

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

Michael Helms

(Not New)

(If the registered agent signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HELMS, J. MICHAEL
STREET ADDRESS 19 NEWCASTLE COURT
CITY - ST - ZIP NICEVILLE FL 32578

☐ DELETE

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11 TITLE P
12 NAME
13 STREET ADDRESS 535A VALPARAISO PKY
14 CITY - ST - ZIP VALPARAISO, FL 32580

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS

☐ Change ☐ Addition

24 CITY - ST - ZIP
31 TITLE
32 NAME
33 STREET ADDRESS

☐ Change ☐ Addition

34 CITY - ST - ZIP
41 TITLE
42 NAME
43 STREET ADDRESS

☐ Change ☐ Addition

44 CITY - ST - ZIP
51 TITLE
52 NAME
53 STREET ADDRESS

☐ Change ☐ Addition

54 CITY - ST - ZIP
61 TITLE
62 NAME
63 STREET ADDRESS

☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael Helms

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Registration Number #

CR2E034 (3/96)