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CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Morth

Jun 06 1997 8:00am **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P96000044248 (8) CHARLIE NOLFO ELECTRIC, INC.

Mailing Address Principal Place of Business 407 ST PETERSBURG DRIVE WEST 407 ST PETERSBURG DRIVE WEST OLDSMAR FL 34677 OLDSMAR FL 34677-3423 3. Date Incorporated or Qualified 3a. Date of Last Report 05/23/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zig Country Zip Country 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name A1 NOLFO, CHARLES 407 ST PETERSBURG DRIVE WEST Street Address (P.O. Box Number is Not Acceptable) 82 **OLDSMAR FL 34677** 83 84 City 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 if applicable (NOTE: Registured Agent signature required when reinstating) **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition PRES 1.1 TOLE TITLE NAME CHARLES NOLPO 1.2 NAME 407 W. ST. PSTE. STREET ADDRESS 1.3 STREET ADDRESS V. POLDSMAA 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 21 TITLE TITLE CHARLES NOLFO 407 W. ST. PETE. DR NAME 2.2 NAME 2 3 STREFT ADDRESS STREET ADDRESS OLDSMAR FC 34671 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE CHANCES NOLFO DR. 407 W- ST. PSFS DR. NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRÉSS OLDSMAR PE 84677 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE OMANIES NOLPO 4. 2 NAME W. ST. PSTERS BURG DR STREET ADDRESS 4.3 STREET ADDRESS 54627 OLDSMAR FC 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 toceiver 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.

FILED