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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000066853 (8)

1. Corporation Name
KAZORS ELECTRIC SUPPLY, INC.



Principal Place of Business
305 W. BASF ST
KISSIMMEE FL 34741
2824 Michigan Ave
Kissimmee FL 34744

Mailing Address
305 W. BASF ST
KISSIMMEE FL 34741-5041
2824 Michigan Ave
Kissimmee FL 34744

2. Principal Place of Business
21 2824 Michigan Ave.
Suite, Apt #, etc.
22
City & State
23 Kissimmee, FL
Zip Country
24 34744 25 OSCEOLA
26 2824 Michigan Ave.
Suite, Apt #, etc.
27
City & State
28 Kissimmee, FL
Zip Country
29 34744 30 OSCEOLA

3. Date Incorporated or Qualified
08/08/1996
3a. Date of Last Report
Applied For
Not Applicable
4. FEI Number
59-3397674
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
RITCH, JOHN B
100 CHURCH ST
KISSIMMEE FL 34741
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 of president or principal officer of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIPKEMA, KATHLYN K	1.2 NAME	
STREET ADDRESS	1813 DOWN HOLLO LANE	1.3 STREET ADDRESS	1813 DOWN HOLLOW LANE
CITY - ST - ZIP	WINDERMERE FL 34786	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, ZORAIDA	2.2 NAME	
STREET ADDRESS	1845 SUNBURST WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL 34744	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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: 3-07-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)