

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**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 BASS ST  
KISSIMMEE FL 34741**  
*2824 Michigan Ave  
Kissimmee FL 34744*

Mailing Address  
**305 W BASS ST  
KISSIMMEE FL 34741-5041**  
*2824 Michigan Ave  
Kissimmee FL 34744*

3. Date Incorporated or Qualified  
**08/08/1996**

3a. Date of Last Report

2. Principal Place of Business  
21 **2824 Michigan Ave.**

2a. Mailing Address  
26 **2824 Michigan Ave.**

4. FEI Number  
**59-3397674**

Applied For  
Not Applicable

22 Suite/Apt #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State  
**Kissimmee, FL**

27 City & State  
**Kissimmee, FL**

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip  
**34744**

25 Country  
**OSCEOLA**

29 Zip  
**34744**

30 Country  
**OSCEOLA**

8. 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

85 Zip Code  
**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SIPKEMA, KATHLYN K</b>	
STREET ADDRESS	<b>1813 DOWN HOLLO LANE</b>	
CITY - ST - ZIP	<b>WINDERMERE FL 34786</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, ZORAIDA</b>	
STREET ADDRESS	<b>1645 SUNBURST WAY</b>	
CITY - ST - ZIP	<b>KISSIMMEE FL 34744</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1813 DOWN HOLLOW LANE</b>
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)