

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

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Feb 19 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 # P96000095522 (4)

1. Corporation Name
ELECTRICON, INC.



Principal Place of Business Mailing Address
2931 1ST ST 2931 1ST ST
ST AUGUSTINE FL 32095 ST AUGUSTINE FL 32095-2314

3. Date Incorporated or Qualified 11/22/1996
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 2091 Dobbs Road 26 2091 Dobbs Road
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27
City & State City & State
23 St. Augustine, FL 28 St. Augustine, FL

24 25 29 30
Zip Country Zip Country
32086 St. Johns 32086 St. Johns

2. 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

PRICE, BURREL E JR
2931 1ST ST
ST AUGUSTINE FL 32095
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 Burrel E. Price, Jr. 2/13/97
Date

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Tina L. Planishek
STREET ADDRESS		1.3 STREET ADDRESS	2091 Dobbs Road
CITY-ST-ZIP		1.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Tina L. Planishek
STREET ADDRESS		2.3 STREET ADDRESS	2091 Dobbs Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Tina L. Planishek
STREET ADDRESS		3.3 STREET ADDRESS	2091 Dobbs Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	St. Augustine, FL 32086
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: Tina L. Planishek, President (904) 826-1004
Date 2/13/97 Daytime Phone

CR2E034 (9/96)