

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Corporation Name
STATEWIDE ELECTRICAL SYSTEMS, INC.

DOCUMENT #
S03436 (0)

Mailing Address
**P. O. BOX 1478
LAND-O-LAKES FL 34639**

Principal Place of Business
**P. O. BOX 1478
LAND-O-LAKES FL 34639**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address
21 []
22 []
23 []

2a. Principal Place of Business
26 []
27 []
28 []

24 [] 25 [] 29 [] 30 []

3. Date Incorporated or Qualified
10/02/1990

3a. Date of Last Report
06/18/1993

4. FEI Number
59-9026932

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution

7. Nonprofit Exempt from \$138.75 Supplemental Fee

\$5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**JONES, STEVEN F.
6417 BARCELONA ROAD
LAND-O-LAKES, 34639**

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: DATE: **4-27-95**

12. OFFICERS AND DIRECTORS

11 TITLE	D
12 NAME	BLACKMER, CARY S.
13 STREET ADDRESS	417 CACTUS CIRCLE
14 CITY - ST - ZIP	SEFFNER FL
21 TITLE	V/P
22 NAME	JONES, STEVEN F.
23 STREET ADDRESS	6417 BARCELONA ROAD
24 CITY - ST - ZIP	LAND-O-LAKES FL
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	300001484689
21 TITLE	-05/11/95 -01091 -017
22 NAME	****200.00 ****200.00
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

5/1/95 NST

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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or 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: **STEVEN F. JONES** DATE: **4-27-95** **813-977-5706**