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



## Sandra B. Mortham

| COF<br>ANNU                                 | PROFIT<br>RPORATION<br>JAL REPORT<br>1997                              |                         | FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS |                  |       |                |              | Apr 02 1997 8:00am<br>Secretary of State                       |                       |                    |                           |
|---|--|-------------------------|--|------------------|-------|----------------|--------------|--|-----------------------|--------------------|---------------------------|
| DOCUI<br>1. Corporato                       | MENT # S203  Y ELECTRIC, INC.  | 95                      | (7)  |                  |       |                |              |  |                       |                    |                           |
|   |  |                         |  |                  |       |                |              |  | ) <b>1111) (11</b> 15 | <b></b>            |                           |
| Principal Prace of Business Mailing Address |  |                         |  |                  |       |                |              |  |                       |                    |                           |
| PO BOX 1675<br>LAKE CITY FL                 | 32056-1675   |                         | PO BOX 1675<br>LAKE CITY FL 32056-1675   |                  |       |                |              |  |                       |                    |                           |
|   |  |                         |  |                  |       |                |              | Date Incorporated or Qualified     12/21/1990                  |                       | ate of Last Re     | eport                     |
| · 1   | lace of Business   | 2a. M:                  | ailing Address   |                  |       |                |              | 4. FEI Number  |                       | Ap                 | plied For<br>t Applicable |
| Suite, Apt                                  | #, etc.  |                         | iite, Apt. #, etc.   |                  |       |                |              | 59-3051525  5. Certificate of Status Desired                   |                       | \$8.75             | Additional                |
| City & Stat                                 | 0  | 27 Ci                   | ty & State   |                  |       |                |              | 6. Election Campaign Financing                                 |                       | Fee Re<br>\$5.00   | ·                         |
| <b>Z</b> ip                                 | Country  | <b>28</b>               | р  |                  | intry |                |              | Trust Fund Contribution  8. This corporation has liability for |                       |                    |                           |
| 24  | 25<br>9. Name and Address of (   | 29<br>Current Registers | ed Agent   | 30               | Γ     |                |              | Florida Statutes  10. Name and Address of New F                |                       | Agent              |                           |
| WILL  | IAM B BRINKLEY   |                         | ,  |                  | 81    | Name           | <del>)</del> | **************************************                         | .,,,,,,               |                    |                           |
|   |  |                         |  |                  |       |                | Addres       | ss (P.O. Box Number is Not Accept                              | able)                 |                    |                           |
| LAN   | E CITY 32058   |                         |  |                  | 83    |                |              |  |                       |                    |                           |
| i   |  |                         |  |                  | 84    | City           |              |  | FL                    | 85 Zip C           | Code                      |
| 11. Pursuant                                | to the provisions of Sections 60                                       | 07.0502 and 607.        | 1508, Florida Statute  | es, the a        | bove  | -name          | d corpo      | ration submits this statement for the                          | purpose o             | of changing its    | s registered              |
| agent i a                                   | egistered agent, or both, in the<br>militarniliar with, and accept the | e obligations of, Se    | ection 607.0505, Flo   | rida Sta         | tutes | i the co<br>S. | rporatio     | n's board of directors. I hereby acc                           | epi ine ap            | continent as       | registered                |
| SIGNATURE                                   | Suital in Typed or protent name of regist                              |                         |  | · Registere      | d Age | ni signatu     | re required  | when reinstaling)  | DATE                  |                    |                           |
| 12.<br>111.f                                |  | RS AND DIRECTO          | DRS DELETE   | 13.<br>1.1 Ti    | TI E  |                | T            | ADDITIONS/CHANGES TO OFF                                       | ICERS AN              | D DIRECTOR  Change | S IN 12 Addition          |
| MANE  | P<br>  Brinkley, William Brai  | DY                      | L.J DETEN  | 1.2 N            |       |                |              |  |                       | [_] Change         | L HOOMIGH                 |
| STREET ADDRESS                              | PO BOX 1675 N/A  |                         |  | 1.3 S            | IREET | ADDRESS        |              |  |                       |                    |                           |
| C(11-5)-7IP                                 | LAKE CITY FL   |                         | T pritzr   |                  | ITY-S | T-ZIP          |              |  |                       |                    | 1.100                     |
| Tift  | ST DIAME D   |                         | ☐ DELĒTE   | 2.1 TI<br>2.2 N  |       |                |              |  |                       | Change             | Addition                  |
| NAME<br>STREET ADORESS                      | ADAMS, DIANE B<br>RT 5 BOX 207   |                         | •  |                  |       | ADDRESS        | 1            |  |                       |                    | }                         |
| CITY SE ZP                                  | LIVE OAK FL  |                         |  | •                |       | ST - ZIP       |              |  |                       |                    |                           |
| 1II.F                                       |  |                         | DELETE   | 3.1 T            | TLE   |                |              |  |                       | Change             | Addition                  |
| NAMI  |  |                         |  | 3.2 N            |       |                |              |  |                       |                    |                           |
| STREET ADDRESS                              |  |                         |  |                  |       | ADDRESS        |              |  |                       |                    |                           |
| CITY: \$1: 7IP                              |  |                         | DELETE   | 3.4. C<br>4.1 Ti |       | ST-ZIP         |              |  |                       | Change             | Addition                  |
| NAME  |  |                         |  | 4.2 N            |       |                | Ì            |  |                       |                    |                           |
| STREET ATHERESS                             |  |                         |  | 4.3 S            | TREET | ADDRESS        |              |  |                       |                    |                           |
| CITY - S1 - 7-4:                            |  |                         |  | 4.4 C            | TY-5  | T - ZIP        |              |  | ·                     |                    |                           |
| TIFLE                                       |  |                         | DELETE   | 5 1 T            |       |                |              |  |                       | Change             | Addition                  |
| NAME  |  |                         |  | 52 N             |       | anne:          |              |  |                       |                    | ļ                         |
| STREET ADDRESS                              |  |                         |  | 5.3 S<br>5.4 C   |       | ADDRESS        |              |  |                       |                    | ļ                         |
| <u>COLYEST ZIP</u><br>TOLE                  |  |                         | DELETE   | 6.1 11           |       | 1-50           | <del> </del> |  |                       | ☐ Change           | Addition                  |
| NAME  |  |                         |  | 62 N             |       |                |              |  |                       | -                  |                           |
| STEFF - ACCORESS                            |  |                         |  | 6.3 S            | TREET | ADDRESS        |              |  |                       |                    |                           |
| CHY-SU-20-                                  | Carry of the 141 at the carry of the 141                               |                         | dial disastance  |                  | TY-S  |                | otota 1      | n Section 119 07(3)(i) Florida Statu                           | too 16 miles          | ar portific the    | the                       |

rice increasy centry that the information supplied with this imag does not quality for the exemption stated in Section 119.0/(3)(i). Florida Statutes: Turriner 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 13 if changed, or on an attachment with an address.

**FILED**