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Mar 26 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 # S38632 (3)

1. Corporation Name
ANGELOCCI ELECTRIC, INC.



Principal Place of Business

KENNETH P. ANGELOCCI
9179 LANTERN DRIVE
LAKE WORTH FL 33467

Mailing Address

KENNETH P. ANGELOCCI
9179 LANTERN DRIVE
LAKE WORTH FL 33467-4745

2. Principal Place of Business

21 9160 Palladium PL

Suite, Apt. #, etc.

22 Lake Worth FL

23 33467

24 PALM BCH

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 Lake Worth FL

28 33467

Country

3. Date Incorporated or Qualified
04/01/1991

3a. Date of Last Report
03/11/1996

4. FEI Number
65-0252832

Applied For
Not Applicable

5. 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

ANGELOCCI, KENNETH P.
9179 LANTERN DRIVE
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name Kenneth P. Angelocci

82 Street Address (P.O. Box Number is Not Acceptable)
9160 Palladium Pl.

83

84 City Lake Worth

FL

85 Zip Code 33467

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 typist or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ANGELOCCI, KENNETH P.
STREET ADDRESS 9179 LANTERN DRIVE
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE ST
NAME ANGELOCCI, LISBETH L.
STREET ADDRESS 9179 LANTERN DRIVE
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Kenneth P. Angelocci ☒ Change ☐ Addition
1.3 STREET ADDRESS 9160 Palladium Pl.
1.4 CITY-ST-ZIP Lake Worth FL 33467

2.1 TITLE ST
2.2 NAME Lisbeth L. Angelocci ☒ Change ☐ Addition
2.3 STREET ADDRESS 9160 Palladium Pl.
2.4 CITY-ST-ZIP Lake Worth, FL 33467

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 or changed, or on an attachment with an address.

SIGNATURE:

Kenneth P. Angelocci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone: #

CR2E034 (9/96)