FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V27037** **(3)**

1. Corporation Name
XL ELECTRIC, INC.

Principal Place of Business
5240 MAPLE LN
NAPLES FL 33962

Mailing Address
5240 MAPLE LN
NAPLES FL 33962

3. Date Incorporated or Qualified: **04/01/1992**
3a. Date of Last Report: **04/26/1995**

4. FEI Number: **65-0322501** ☐ 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. Is this corporation liable for intangible tax under s. 199.032 Florida Statutes? ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

LAROUCHE, SYLVIAN M.
5240 MAPLE LN
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502, Florida Statutes, the undersigned files(s) this/these document(s) and fee(s) for the purpose of changing its registered office or registered agent, or both, in the State of Florida and submits the following statement in compliance with Section 607.0502, Florida Statutes: Having been named the registered agent to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to comply with the provisions of Section 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS

TYPE: D
NAME: LAROUCHE, SYLVAIN M
STREET ADDRESS: 5240 MAPLE LN
CITY-ST-ZIP: NAPLES FL
☐ DELETE

TYPE: VP
NAME: LAROUCHE MARIO
STREET ADDRESS: 5280 MAPLES LN
CITY-ST-ZIP: NAPLER FL
☐ DELETE

TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.0502, Florida Statutes. I further certify that the information indicated on this report or supplemental attachment 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 added to the report.

SIGNATURE: Sylvain Larouche 4/15/96 941-774-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number