FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 10: 02

DOCUMENT # **V36796** **(3)**

1. Corporation Name
QUALITY ELECTRIC SUPPLY, INC.

Principal Place of Business	Mailing Address
1400 34TH ST N TAMPA FL 33605	1400 34TH ST N TAMPA FL 33605

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/14/1992
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business	2a. Mailing Address
21 3005 E. 4th Avenue	26 3005 E. 4th Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Tampa, FL	28 Tampa, FL
24 Zip 33605 25 Country U.S.	29 Zip 33605 30 Country U.S.

4. FEI Number: 59-3124608 ☐ 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	10. Name and Address of New Registered Agent
PADRON, LAZARO F. 1400 34TH ST N TAMPA FL 33605	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3005 E. 4th Avenue 83 84 City Tampa FL 85 Zip Code 33605

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE		☑ Change ☐ Addition
NAME	PADRON, LAZARO F.	12 NAME		
STREET ADDRESS	1400 34TH ST N	13 STREET ADDRESS	3005 E. 4th Avenue	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL 33605	
TITLE	DS	21 TITLE		☑ Change ☐ Addition
NAME	PADRON, MELANIE G.	22 NAME		
STREET ADDRESS	1400 34TH ST N	23 STREET ADDRESS	3005 E. 4th Avenue	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Tampa, FL 33605	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Melanie G. Padron Melanie G. Padron 3-27-95 247-4017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0991300 CP