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

APPROVED AND FILED

95 MAY -1 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V40497** **(2)**

1. Corporation Name
DIVERSIFIED ELECTRICAL, INC.

Principal Place of Business	Mailing Address
1018 NEW YORK AVE. DUNEDIN FL 34698 US	PO BOX 1253 PALM HARBOR FL 34682-1253 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 08/31/1994

2. Principal Place of Business	2a. Mailing Address
21 2120 Sunnydale Blvd.	26 2120 Sunnydale Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Clearwater, FL	28 City & State: Clearwater, Fl.
24 Zip: 34625	29 Zip: 34625
25 Country: US	30 Country: US.

4. FEI Number: 59-3121922 ☐ 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

EHLERS, JAMES D JR
1660 COUNTRY LANE
DUNEDIN FL 34698

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, 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	EHLERS, JAMES D JR	12 NAME	
STREET ADDRESS	1660 COUNTRY LANE	13 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	S ☑ Change ☐ Addition
NAME	REISLER, JOSEPH R	22 NAME	Joseph R. Reisler
STREET ADDRESS	100 HAMPTON RD. LOT #209	23 STREET ADDRESS	100 Hampton Rd Lot 209
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	Clearwater, Fl. 34619.
TITLE	COB	31 TITLE	☐ Change ☐ Addition
NAME	CURTISS, ROBYN A	32 NAME	
STREET ADDRESS	1700 A AZALEAH CT	33 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	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	

Resigned

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)(k), 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: James D. Ehlers, Jr. 4/28/95 813-441-3955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0375550 CP