

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

MAY -1 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V44624 (7)

1. Corporation Name

D.J. GOULD ELECTRIC CO., INC.

Principal Place of Business

**18682 SPRUCE DRIVE EAST
FT MYERS FL 33912**

Mailing Address

**18682 SPRUCE DRIVE EAST
FT MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1992

3a. Date of Last Report

04/01/1994

4. FEI Number

65-0394369

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**

7. Does corporation file return for purposes of Chapter 206,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. # etc.

22

State, Apt. # etc.

27

City & State

23

City & State

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOULD, DENNIS J
18682 SPRUCE DRIVE EAST
FT MYERS FL 33912**

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 607.01(2) 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 this obligation of Section 607.1508, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

ATTEST

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS, IF ANY

NAME

**D
GOULD, DENNIS J
18682 SPRUCE DRIVE EAST
FT MYERS FL**

14 NAME

15 NAME

16 STREET ADDRESS

17 CITY, ST. ZIP

☐

Change

☐

Addition

NAME

**D
O'MALLEY, JOSEPH SHAWN
3291 LEMON LANE
NAPLES FL**

14 NAME

15 NAME

16 STREET ADDRESS

17 CITY, ST. ZIP

☐

Change

☐

Addition

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the corporation is in compliance with the provisions of Chapter 206, Florida Statutes. I further certify that the information is correct as reflected on this annual report or supplemental annual report, if any, and to update and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the manager 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 of this report, or on an attachment with this filing.

SIGNATURE:

Dennis J. Gould
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS J. GOULD

Date

4/29/95

813-482-8225
Telephone Number