

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 # **146944** (4)

1. Corporation Name
FIFE/FLORIDA ELECTRIC SUPPLY, INC.



Principal Place of Business	Mailing Address
5408 N 59 ST. P O BOX 310308 TAMPA FLORIDA 33680-7308	5408 N 59 ST. P O BOX 310308 TAMPA FLORIDA 33680-7308

3. Date Incorporated or Qualified 05/08/1946	3a. Date of Last Report 03/31/1995
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2. Principal Place of Business	2a. Mailing Address	4. FLI Number 59-0549071	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	28			
Zip	Country	24	25	29
				30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JEFFERSON, NELSON
5408 N. 59TH ST.
TAMPA FL 33610

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	FL	85 Zip Code
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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, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P JEFFERSON, NELSON	2. 2. NAME	
STREET ADDRESS	2320 S GALLAGHER RD	3. 3. STREET ADDRESS	
CITY - ST - ZIP	DOVER FL	4. 4. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST WHITWAM, J C	2. 2. NAME	
STREET ADDRESS	524 LUCERNE AVE	2. 3. STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2. 4. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2. NAME	
STREET ADDRESS		3. 3. STREET ADDRESS	
CITY - ST - ZIP		3. 4. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2. NAME	
STREET ADDRESS		4. 3. STREET ADDRESS	
CITY - ST - ZIP		4. 4. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2. NAME	
STREET ADDRESS		5. 3. STREET ADDRESS	
CITY - ST - ZIP		5. 4. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2. NAME	
STREET ADDRESS		6. 3. STREET ADDRESS	
CITY - ST - ZIP		6. 4. 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)(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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JC Whitwam

3/7/96

813-621-9649

Daytime Phone #

CR2E034 (12/95)