

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 654347

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC3159715751**

**Entity Name:** JAMES W. KNIGHT ELECTRIC, INC.

**Current Principal Place of Business:**

425 SOUTH 50TH ST.  
TAMPA, FL 33619

**Current Mailing Address:**

P.O. BOX 5992  
TAMPA, FL 33675 US

**FEI Number:** 59-2009529

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

KNIGHT, JAMES W.  
425 SOUTH 50TH ST.  
TAMPA, FL 33619 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title V  
Name KILBOURNE, KEVIN M  
Address 4287 SIESTA ROAD  
City-State-Zip: BROOKSVILLE FL

Title P  
Name KNIGHT, JAMES W  
Address 425 SOUTH 50TH ST.  
City-State-Zip: TAMPA FL 33619

Title V  
Name HAYNES, DONALD  
Address 6714 NORTH WILLOW  
City-State-Zip: TAMPA FL

Title S  
Name KNIGHT, DIANE  
Address 425 SOUTH 50TH ST.  
City-State-Zip: TAMPA FL 33619

Title T  
Name KNIGHT, EVELYN  
Address 800 W AZEELE ST  
APT 106  
City-State-Zip: TAMPA FL 33606

Title OTHER  
Name WENZEL, DAVID S  
Address 1205 LADY GUINEVERE DR  
City-State-Zip: VALRICO FL 33594

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DIANE H KNIGHT

**CORPORATE  
SECRETARY**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date