

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000129462

**Entity Name:** TRI-CITY ELECTRICAL CONTRACTORS, INC.**Current Principal Place of Business:**430 WEST DRIVE  
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**430 WEST DRIVE  
ALTAMONTE SPRINGS, FL 32714**FEI Number: 02-0657423****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MCFARLAND, CHARLES W  
430 WEST DRIVE  
ALTAMONTE SPRINGS, FL 32714 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	DP
Name	OLMSTEAD, JACK A
Address	430 WEST DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DVS
Name	HARDEN, N. LYNN JR.
Address	430 WEST DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	CV
Name	EIDEL, HELMUTH L
Address	430 WEST DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DV
Name	BORDERICK, F. RANCE
Address	430 WEST DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DVT
Name	MCFARLAND, CHARLES W
Address	430 WEST DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	AS
Name	LULLI, CHERYL A
Address	316 ULRICH PT
City-State-Zip:	SANFORD FL 32771

*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: CHERYL A. LULLI****ASSISTANT SECRETARY 01/15/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date