

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 16 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97349 (7)

1. Corporation Name  
PAGE ELECTRIC, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
11337 HUDSON AVE 11337 HUDSON AVE  
HUDSON FL 34669 HUDSON FL 34669  
US US

3. Date Incorporated or Qualified 08/30/1982 3b. Date of Last Report 01/27/1994

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number 59-2251075 Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Zip 28 Zip

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Country 25 Country 29 Country 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
PAGE, FRANK  
1172 LAVONNE DRIVE  
DAYTONA BEACH FL 32119

10. Name and Address of New Registered Agent  
81 Name Page, Frank  
82 Street Address (P.O. Box Number is Not Acceptable) 11337 Hudson Ave.  
83 #  
84 City Hudson FL 85 Zip Code 34669

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 *Frank Page* Frank Page 2-20-95 DATE

| 12. OFFICERS AND DIRECTORS |                  |
|----------------------------|------------------|
| TITLE                      | DP               |
| NAME                       | PAGE, FRANK      |
| STREET ADDRESS             | 11337 HUDSON AVE |
| CITY-ST-ZIP                | HUDSON FL        |
| TITLE                      |                  |
| NAME                       |                  |
| STREET ADDRESS             |                  |
| CITY-ST-ZIP                |                  |
| TITLE                      |                  |
| NAME                       |                  |
| STREET ADDRESS             |                  |
| CITY-ST-ZIP                |                  |
| TITLE                      |                  |
| NAME                       |                  |
| STREET ADDRESS             |                  |
| CITY-ST-ZIP                |                  |
| TITLE                      |                  |
| NAME                       |                  |
| STREET ADDRESS             |                  |
| CITY-ST-ZIP                |                  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME  |  |
| 1.3 STREET ADDRESS                                    |  |
| 1.4 CITY-ST-ZIP                                       | 34669  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS                                    |  |
| 2.4 CITY-ST-ZIP                                       |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY-ST-ZIP                                       |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-ST-ZIP                                       |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 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, or on an attachment with an address.

SIGNATURE: *Frank Page* Frank Page 2-20-95 813-863-2492 DATE