

1.) CORPORATION NAME:

E. F. LEA ELECTRICAL CONTRACTOR, INC.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1197054**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	7,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 339 E 50TH ST

CITY/ST/ZIP: JACKSONVILLE, FL 32208

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: ERNEST L. LEA, JR. TITLE: PRESIDENT ADDRESS: 339 E 50TH STST. CITY/ST/ZIP/CO: JACKSONVILLE, FL 32208</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PAULA L. CARTER TITLE: VICE PRESIDENT ADDRESS: 339 E 50TH ST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32208</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CARMEL LEA TITLE: VICE PRESIDENT ADDRESS: 339 E 50TH STREET CITY/ST/ZIP/CO: JACKSONVILLE, FL 32208</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JUANITA W. LEA TITLE: DIRECTOR ADDRESS: 339 E 50TH ST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32208</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PAULA L. CARTER	PAULA L. CARTER, VICE	12/3/2012
_____	PRESIDENT	_____
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.