

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 17 1997 8:00am
Secretary of State

DOCUMENT # 322054 (8)
1. Corporation Name:
JAX HEIGHTS ELECTRICAL CONTRACTING COMPANY, INC.



Principal Place of Business Mailing Address
8941 NORROAD ROAD 8941 NORROAD ROAD
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210-6103
US

3. Date Incorporated or Qualified 10/10/1967 3a. Date of Last Report 04/08/1996
4. FEI Number 59-1174681 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINGATE, BETTY J.
8941 NORROAD ROAD
JACKSONVILLE FL 32210

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD 1.1 TITLE ☐ Change ☐ Addition
NAME WINGATE, BETTY J. 1.2 NAME
STREET ADDRESS 8941 NORROAD ROAD 1.3 STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 1.4 CITY-ST-ZIP
TITLE D 2.1 TITLE ☐ Change ☐ Addition
NAME DAYTON, STEVEN W. 2.2 NAME
STREET ADDRESS 2004-8 DUNFORD TERRACE 2.3 STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 2.4 CITY-ST-ZIP
TITLE D 3.1 TITLE ☐ Change ☐ Addition
NAME MCGEE, CINDY M. 3.2 NAME
STREET ADDRESS 9237 - 6TH AVENUE 3.3 STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 3.4 CITY-ST-ZIP
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Betty J. Wingate BETTY J. WINGATE 4-14-97 904-771-6710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)