FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:43

DOCUMENT # J24259 (0)

1. Corporation Name
ATLANTIC COAST ELECTRIC, INC.

Principal Place of Business	Mailing Address
418 MARGARET STREET JACKSONVILLE FL 32204	418 MARGARET STREET JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: PO Box 916348
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: JACKSONVILLE, FL
Zip — 24
Country — 25
Zip — 29: 32246
Country — 30

4. FEI Number: 59-2717260 ☐ 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

9. Name and Address of Current Registered Agent

POWELL, KEITH G.
418 MARGARET STREET
JACKSONVILLE 32204

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City: FL — 65 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	☐ Change ☐ Addition
NAME	POWELL, KEITH G.	12 NAME	
STREET ADDRESS	15417 CAPE DRIVE SOUTH	13 STREET ADDRESS	17458 ELSINOR DR.
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	JACKSONVILLE, FL 32226
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	TANNER, BILLY J.	22 NAME	
STREET ADDRESS	ROUTE 3, BOX 613	23 STREET ADDRESS	
CITY ST ZIP	HAVANA FL	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	VARNES, THERESA T.	32 NAME	
STREET ADDRESS	2847 JEWELL RD	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	POWELL, PHYLLIS B.	42 NAME	
STREET ADDRESS	15417 CAPE DRIVE SOUTH	43 STREET ADDRESS	17458 ELSINOR DR
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	JACKSONVILLE, FL 32226
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TANNER, JOAN P.	52 NAME	
STREET ADDRESS	ROUTE 3, BOX 613	53 STREET ADDRESS	
CITY ST ZIP	HAVANA FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Keith G. Powell — 5/1/95 — (904) 363-6378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Keith G. Powell

0022478 CP