

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000037085 (2)
 1. Corporation Name
AARONS ELECTRIC SERVICE, INC.



Principal Place of Business 747 NORTH RIDGE RD EASTPOINT FL 32328	Mailing Address 747 NORTH RIDGE RD EASTPOINT FL 32328
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 747 N Ridge Rd		2a. Mailing Address 26 P.O. Box 679	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State Eastpoint FL 32328		28 City & State Eastpoint FL 32328	
24 Zip 32328	25 Country Franklin	29 Zip 32328	30 Country Franklin

3. Date Incorporated or Qualified 04/25/1997	4. FEI Number 59-3446470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
HIPPENSTEAL, AARON
747 NORTH RIDGE RD
EASTPOINT FL 32328

10. Name and Address of New Registered Agent

81 Name Aaron Hippensteal
82 Street Address (P.O. Box Number is Not Acceptable)
83 747 N Ridge Rd
84 City Eastpoint
85 State FL
86 Zip Code 32328

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 *Aaron C. Hippensteal* DATE **12-6-98**

12. OFFICERS AND DIRECTORS

TITLE Officer	NAME Brod Shiver	<input type="checkbox"/> DELETE
STREET ADDRESS 747 N Ridge Rd	CITY-ST-ZIP Eastpoint FL 32328	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 change or in an attachment with an address.

SIGNATURE: *Aaron C. Hippensteal* *Brod Shiver* DATE: **3-22-98** **690-4508**

CR2E034 (10/97)