

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S30360** (9)

1. Corporation Name

APONTE & HIGGINS ELECTRICAL SERVICES, INC.



Principal Place of Business

Mailing Address

**4545 SOUTHERN BLVD.
WEST PALM BEACH FL 33415**

**4545 SOUTHERN BLVD.
WEST PALM BEACH FL 33415**

3. Date Incorporated or Qualified

02/07/1991

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 3037 HAVERHILL ROAD

26 3037 HAVERHILL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 WEST PALM BEACH, FL

28 WEST PALM BEACH, FL

Zip

Country

Zip

Country

24 33417-2849 25 PALM BEACH

29 33417-2849 30 PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HIGGINS, KATHLEEN G.
4545 SOUTHERN BLVD.
WEST PALM BEACH FL 33415**

81 Name
Same

82 Street Address (P.O. Box Number is Not Acceptable)

3037 Haverhill Road

83 **West Palm Beach,**

84 City

**FL 85 Zip Code
33417-2849**

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **HIGGINS, KATHLEEN G.**
STREET ADDRESS **4545 SOUTHERN BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **3037 HAVERHILL ROAD**
1.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33417-2849**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Kathleen G. Higgins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29 '96
Date

(407) 684-6400
Daytime Phone #

CR2E034 (12/95)