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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000031174 (4)
 1. Corporation Name
A-1 ELECTRIC OF HERNANDO, INC.



Principal Place of Business Mailing Address

**6819 TREEHAVEN DRIVE
 SPRING HILL FL 34608
 US**

**6819 TREEHAVEN DRIVE
 SPRING HILL FL 34606-5764
 US**

3. Date Incorporated or Qualified 3a. Date of Last Report

04/28/1993 **08/13/1996**

2. Principal Place of Business

21 **2170 MARINER Blvd** 26 **2170 MARINER Blvd.**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **Spring Hill, FL.** 28 **Spring Hill, FL.**

24 **34609** 25 **U.S.A** 29 **34609** 30 **U.S.A**

4. FEI Number Applied For

59-3193372 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

**LEWIS, KENNETH L
 6819 TREEHAVEN DRIVE
 SPRING HILL FL 34609**

10. Name and Address of New Registered Agent

81 Name **Lewis, Kenneth L.**

82 Street Address (P.O. Box Number is Not Acceptable) **2170 MARINER Blvd.**

83

84 City **Spring Hill** FL 85 Zip Code **34609**

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | LEWIS, KENNETH L | |
| STREET ADDRESS | 1284 LORI DR. | |
| CITY - ST - ZIP | SPRING HILL FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | DE ANGELIS, VINCENT | |
| STREET ADDRESS | 1284 LORI DR. | |
| CITY - ST - ZIP | SPRING HILL FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-------------------------------|--|
| 1.1 TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Lewis, Kenneth L. | |
| 1.3 STREET ADDRESS | 2170 MARINER Blvd. | |
| 1.4 CITY - ST - ZIP | Spring Hill, FL. 34609 | |
| 2.1 TITLE | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | De Angelis, Vincent | |
| 2.3 STREET ADDRESS | 2170 MARINER Blvd. | |
| 2.4 CITY - ST - ZIP | Spring Hill, FL. 34609 | |
| 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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Vincent De Angelis* Date: **4-28-97** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/96)