

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

3. Date Incorporated or Qualified
04/25/1997

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

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 Zip Code FL 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**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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