

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2003 8:00 am
Secretary of State

0049333 AV

DOCUMENT # P97000037085

1. Entity Name
AARONS ELECTRIC SERVICE, INC.



Principal Place of Business
747 NORTH RIDGE RD
EASTPOINT FL 32328

Mailing Address
P O BOX 679
EASTPOINT FL 32328
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3443470

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIPPENSTEAL, AARON C II
747 NORTH RIDGE RD
EASTPOINT FL 32328

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Aaron C Hippensteal II* Aaron C Hippensteal II 9/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME HIPPENSTEAL, AARON
STREET ADDRESS 747 N RIDGE RD
CITY-ST-ZIP EAST POINT FL 32328

TITLE ~~S~~ Change Addition
NAME Brad L. Shiver
STREET ADDRESS 743 N Ridge Rd
CITY-ST-ZIP East Point FL 32328

TITLE V Delete
NAME GRAGG, CHRIS
STREET ADDRESS PO BOX 6621 HWY 98
CITY-ST-ZIP EASTPOINT FL 32328

TITLE S Change Addition
NAME Scott HARPER
STREET ADDRESS 9110th Street
CITY-ST-ZIP Apalachicola FL 32320

TITLE S Delete
NAME CUSTER, CHAD
STREET ADDRESS 1116 SQUIRE RD
CITY-ST-ZIP APALACHICOLA FL 32320

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerers.

SIGNATURE: *Aaron C Hippensteal II* 9/18/03 850-670-4508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)