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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 178173

(1)

SMITH & HOOTEN ELECTRIC CO., INC.

		FILEL)
Apr	11	1997	8:00am
Se	cre	tary o	f State

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2030 THO	dana ni Rusinass	Mailing Address					
ALAS / 106.5	Place of Business	2030 THOMAS STREET					
HOLLYWO	MAS STREET OD FL 33020	HOLLYWOOD FL 33020-	-2133				
US		US			3. Date Incorporated or Qualified 04/10/1954	3a. Date of Last 04/12/1996	
2. Princip	al Place of Business	2a. Mailing Address	,		4. FEI Number		Applied For
21		26		· · · · · · · · · · · · · · · · · · ·	59-0714392	 	Not Applicable
Suite, <i>i</i> 22	Apt.#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 1 1	Additional Required
City & 23	State	City & State			Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip	Country	Zip	Cou	intry	8. This corporation has liability for in		\$. 199.032,
24	25	29	30	· · · · · · · · · · · · · · · · · · ·		Yes No	
	9. Name and Address of Curre	nt Registered Agent		641 54	10. Name and Address of New Reg	Istered Agent	······································
	COYNE, GREGORY			81 Name			
	1047 BUCHANAN ST			82 Street Ade	dress (P.O. Box Number is Not Acceptabl	e)	
· ·	HOLLYWOOD FL 33019-8106			-			
				63			
				84 City		85 Z	p Code
					***************************************	FL °° °	
office agent	t. I am familiar with, and accept the obliq RE	gations of, Section 607.0505,	Florida Sta	tutes.	rporation submits this statement for the pu ation's board of directors. I hereby accept		as registered
	Signature (grades) promotionance of registered ag			d Agent signature req	u red when reinstating)	DATE	200 111 40
THE	VD OFFICERS AF	ND DIRECTORS DELETE	13.	ID F	ADDITIONS/CHANGES TO OFFICE	Change	
NAME	COYNE, CHERYL	Emil DELEVE	1.2 N	i		L Ownings	» [Nagillo
SHREET ADOR	4047 BUOLIANAN OT			TREET ADDRESS		•	
SHALLLADAN				IDECI MUUNESS (
one or he			- 1	מול זם עדו			
	HOLLYWOOD FL	DELETE	1.4 C	ITY-ST-ZIP		Change	e Addition
	HOLLYWOOD FL PD	☐ DELETE	1.4 C 2.1 T	ITLE		☐ Change	e 🔲 Addition
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1.4. I do 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 arm 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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR WHISTOR COMME V.P. 1

920-2058 Daytime Phone 4