

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:17

DOCUMENT # 324222 (9)

1. Corporation Name
HEARNE ELECTRIC, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 4767 GRAPEVINE WAY DAVIE FL 33331 US	Mailing Address 4767 GRAPEVINE WAY DAVIE FL 33331 US
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3. Date Incorporated or Qualified 12/18/1967	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1198484	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**ZAJAC, CORBY
4767 GRAPEVINE WAY
DAVIE FL 33331**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/S	NAME ZAJAC, CORBY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4767 GRAPEVINE WAY	CITY-ST-ZIP DAVIE FL	1.2 NAME	
TITLE S	NAME HEARNE, GLORIA	1.3 STREET ADDRESS	
STREET ADDRESS 11711 SPINNAKER WAY	CITY-ST-ZIP HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	2.3 STREET ADDRESS	
TITLE	NAME	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	3.4 CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	
STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	5.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-ST-ZIP	
STREET ADDRESS	STREET ADDRESS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	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 110.07(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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Corby Zajac **Corby Zajac** 1/20/95 **1/31-7675**
(Typed Name)