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FILED  
May 22 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **325626** (0)

1. Corporation Name

**BILL PRESTON ELECTRICAL COMPANY, INC.**

Principal Place of Business

Mailing Address

**4000 S W 35 AVENUE  
BOX 140180  
GAINESVILLE FL 32614**

**4000 S W 35 AVENUE  
BOX 140180  
GAINESVILLE FL 32614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/19/1968**

4. FEI Number

**59-1199812**

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FELDER, CHARLES G.  
111 SE 1ST AVE  
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name

**Bill J. Preston**

82 Street Address (P.O. Box Number is Not Acceptable)

**905 NW 42 Terrace**

83

84 City

**Gainesville**

**FL**

85 Zip Code

**32605**

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 (agent, owner, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed in printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

**5/20/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **PRESTON, BILL J**  
STREET ADDRESS **905 NW 42ND TERRACE**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **ST** ☒ DELETE

NAME **GEHART, ROBERT W**  
STREET ADDRESS **2944 NW 128TH RD**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **V** ☐ DELETE

NAME **MCGRAW, MICHAEL E.**  
STREET ADDRESS **29 LIVE OAK LANE**  
CITY-ST-ZIP **ARCHER FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 changed, or on an attachment with an address.

CR2E034 (10/97)