

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 352654 (8)

1. Corporation Name  
AMASON ELECTRIC COMPANY INC

Principal Place of Business  
1616 N.E. 23RD AVE.  
GAINESVILLE FL 32609-5998

Mailing Address  
1616 N.E. 23RD AVE.  
GAINESVILLE FL 32609-3306



3. Date Incorporated or Qualified 09/23/1969  
3a. Date of Last Report 01/29/1996

2. Principal Place of Business  
21 2442 N. Main Street  
Suite, Apt. #, etc. # 171

2a. Mailing Address  
26 2442 N. Main Street  
Suite, Apt. #, etc. # 171

4. FEI Number 59-1269647  
Applied For Not Applicable

22 Gainesville, FL  
23 32609  
24 Country

27 Gainesville FL  
28 32609  
29 Country

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOPE, J. MAURICE  
1616 N.E. 23RD AVE.  
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name J Maurice  
82 Street Address (P.O. Box Number is Not Acceptable) 2442 N. Main Street Suite # 171  
83  
84 City Gainesville, FL 85 Zip Code 32609

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOPE, J. MAURICE	
STREET ADDRESS	1616 N.E. 23RD AVE.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOPE, RUTH	
STREET ADDRESS	1616 N.E. 23RD AVE.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HUBERT, DAVIS	
STREET ADDRESS	1616 N.E. 23RD AVE.	
CITY - ST - ZIP	GAINESVILLE FL	
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	2442 N. Main Street	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Suite # 171	
1.3 STREET ADDRESS	Gainesville, FL 32609	
1.4 CITY - ST - ZIP		
2.1 TITLE	2442 N. Main Street	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Suite # 171	
2.3 STREET ADDRESS	Gainesville, FL 32609	
2.4 CITY - ST - ZIP		
3.1 TITLE	2442 N. Main Street	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Suite # 171	
3.3 STREET ADDRESS	Gainesville, FL 32609	
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 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 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 in an attachment with an address.

SIGNATURE: Maurice Hope 2-8-97 (352) 372-9882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)