FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **493208** **(3)**

1. Corporation Name
MCPHERSON ELECTRICAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
610 W. JEFFERSON STREET QUINCY FL 32351	610 W. JEFFERSON STREET QUINCY FL 32351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1975**
3a. Date of Last Report: **06/13/1994**

2. Principal Place of Business
21 QUINCY, FLORIDA
Suite, Apt. #, etc. 22
City & State 23 QUINCY, FLORIDA
Zip 24 32351 Country 25 GADSDEN

2a. Mailing Address
26 610 WEST JEFFERSON STREET
Suite, Apt. #, etc. 27
City & State 28 QUINCY, FLORIDA
Zip 29 32351 County 30 GADSDEN

4. FEI Number: **59-1637188** ☐ Applied For ☐ Not Applicable

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

MCPHERSON, ROBERT
610 W. JEFFERSON STREET
QUINCY FL 32351

10. Name and Address of New Registered Agent

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

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 marketing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☐ Change ☐ Addition
NAME	MCPHERSON, ROBERT G. J	12 NAME		
STREET ADDRESS	RT. 3 BOX 598-A	13 STREET ADDRESS		
CITY-ST-ZIP	HAVANA FL	14 CITY ST ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	MCPHERSON, VIRGINIA	22 NAME		
STREET ADDRESS	RT 2 BOX 187-B	23 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL	24 CITY ST-ZIP		
TITLE		31 TITLE	Treasurer	☐ Change ☑ Addition
NAME		32 NAME	Mcpherson, Virginia	
STREET ADDRESS		33 STREET ADDRESS	Rt 2 Box 187-B	
CITY ST ZIP		34 CITY ST ZIP	Quincy, FL. 32351	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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.

SIGNATURE: VIRGINIA MCPHERSON Virginia M. McPherson 4-28-95 (904)875-1725
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 CP