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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

	MENT # 4932 Erson Electrical Co				
Principal Place of Business Mailing Address					ann minn mlair Einn dinn fhh)
610 QUINCY FL 32351 US		610 W. JEFFERSON STREET OUINCY FL 32351		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1975	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1637188	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cu PHERSON, ROBERT S	rrent Registered Agent	81 Name	10. Name and Address of New Registered	d Agent
11. Pursuant to office or reagent. I ar	o the provisions of Sections 607 ogistered agent, or both, in the S m familiar with, and accept the c	.0502 and 607.1508, Florida Statute State of Florida. Such change was a obligations of, Section 607.0505, Flo	84 City s. the above-named cuthorized by the corporida Statutes.	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	
SIGNATURE .	Signature, typed or printed name of registers	ed agest and title if applicable (AIOTE	: Registered Agent signature re	equired when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	V	☐ DELETE	1.1 TITLE	, and the second	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MCPHERSON, ROBERT (RT. 3 BOX 598-A HAVANA FL	3. J	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		•
TITLE	S MCPHERSON, VIRGINIA	☐ DELETE	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	RT 2 BOX 187-B QUINCY FL		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE	1	DELETE	3.1 TITLE	1	Change Addition
NAME	MCPHERSON, VIRGINIA		3.2 NAME		
STREET ADDRESS	RT. 2 BOX 18773 QUINCY FL		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	GUINOT TL	☐ DELETE	3.4. CHY-ST-ZIP		Channo Dadee
NAME		ביי טנונונ	4.1 TITLE 4. 2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
			4.4 0001-01-01		

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 a sequence.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED

Apr 17 1998 8:00am

Secretary of State

Change

Change

Addition

Addition