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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

•	ELECTRIC SERVICES, IN	<b>1</b> - <b>1</b>			E ELLI ORDER ENDI MODIL ONDE ANOMANIA
Principal Place	o of Business	Mailing Address		18619161111 88188 11181 8111 8811 611	
,			_		
8929 MAISLIN DRIVE 8929 MAISLIN DRIVE TAMPA FL 33637-3706 TAMPA FL 33637-3706					
1744177.12.00	207-9100	1730171 72 00001 01		DO NOT WRITE	IN THIS SPACE
				<ol> <li>Date Incorporated or Qualified</li> <li>05/18/1976</li> </ol>	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1675039	Not Applicable
Sulte, Apt. :	#, etc.	Suite, Apt. #, etc	<b>&gt;</b> .	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State City		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pai	
24	25	29	30	Personal Property Tax due June	
	g. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	RLOWE, STEVE		[ ]	TEUE MARLOWE	
ONE HARBOUR PLACE			82 Street Ad	Idress (P.O. Box Number is Not Acceptable PHEN D. MARLOW R	(e) Q A
CARLTON FIELDS WARD			83 -	EPHEN U. MARLOWE	•
IAN	MPA FL 33802		<u></u> 3∞ s	. HYDE PARK AUE	SUITE 180
			64 City	A 40 00	El 85 Zip Code
11 Pursuant t	o the provisions of Sections 607.05	02 and 607 1508 Florida 9	Statutes, the above-named co	progration submits this statement for the n	rpose of changing its registered
office or re	egistered agent, or both, in the State from the State of the public from the obline in the public from the obline in the obline	ie of Florida, Such change	was authorized by the corpor	proporation submits this statement for the pration's board of directors. I hereby accept	t the appointment as registered
	in tanninar with, and accept the one	gations or, accilon bor.oat	o, rionua statutes.		
SIGNATURE	Signature, typicid or printed harve of registered in	gent and title if applicable	(NOTE: Registered Agent signature red	quired when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	STD	DELET	E 1 † TITLE		Change Addition
NAME	DOYLE, DEBORAH T.		1.2 NAME		
STREET ADDRESS	15350 AMBERLY DRIVE, #5	321	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	□ <del>55</del> cv	1.4 CITY-ST-ZIP		
TITLE	PD POYLE BY 10	☐ DELET	1		Change
NAME	DOYLE, P.H., JR.	201	2.2 NAME		
STREET ADDRESS	15350 AMBERLY DRIVE, #59 TAMPA FL	321	2.3 STREET ADDRESS		
CITY-ST-ZIP	IAWFA FL	☐ DELET	2. 4 CITY-ST-ZIP E 3.1 TITLE	7/2	. Change Addition
NAME			3.2 NAME	ONNIE HATCHER	) <sub>R</sub> , — . —
STREET ADDRESS			3.3 STREET ADDRESS	102 RIFLECREST AL	IE .
CITY-ST-ZIP				ALRICO, FL 33594	
TITLE		☐ DELET	E 4.1 TITLE	3713 332 17	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP	<u>.</u>	
TITLE		☐ DELET			Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		·	5.4 CITY - ST- ZIP		
CITY-ST-ZIP TITLE		☐ DELET			Change Addition
		☐ DELET			☐ Change ☐ Addition

14. Thereby 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 13 if changed, or on an officer or director of the corporation with an address.

4/30/98

813-989-3496

**FILED** 

May 12 1998 8:00am

Secretary of State