SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Jul 17 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # 537577 (9)HAMKER ELECTRIC CO. Principal Place of Business Mailing Address 520 N W 9 AVE 520 N W 9 AVE HOMESTEAD FL 83030 HOMESTEAD FL 33030 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 06/21/1977 02/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1750835 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 ☐ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HAMKER, LEONARD H. 520 N.W. 9TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) **HOMESTEAD FL 33030** 83 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE X Change Addition TITLE 1.1 TITLE HAMKER, LEONARD H. Hanker, Lecnard H. 1.2 NAME NAME 520 N.W. 9TH AVE 12520 SW 10 Court STREET ADDRESS 1.3 STREET ADDRESS HOMESTEAD FL Davie, Florida 33325 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP X Change DELETE Addition TITLE 2.1 TITLE Hanker, Joseph H. HAMKER, JOSEPH H. 2.2 NAME 16200 SW 283 Street. 831 N.W. 9TH CT. STREET ADDRESS 23 STREET ADDRESS Homestead, Florida 33030 HOMESTEAD FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP □ DELETE Change ___ Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change - Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-7/P 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 on an attachment with an address.

Joseph H. Hamker

July 15, 1997

305-247-8281

FILED

(4/97