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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

556759

(9)

HOBBS ELECTRIC CO. OF JACKSONVILLE, INC.

FILED Feb 07 1997 8:00am Secretary of State



Principa Pla	ce of Business	Mailing Addre	Mailing Address			a regidi giral dilita Birli 1888) dilita i	net mente mente	Midel delber dit	Sit didit (SA)
P.O. BOX 24209 P.O. B			0-3 kori road). Box 24209						
JACKSONVI	LLE FL 32241-4209	JACKSONVIL	JACKSONVILLE FL 82241-4209			Date Incorporated or Qualified			
						12/30/1977	03	<u>/18/1996</u>	
	Place of Business	2a. Mailing Ad	ddress			4. FEI Number		<u> </u>	oplied For
21		26				59-1782888			ot Applicable
Suite, Ap 22	I #, 610.	Suite, Apt	#, etc.			5. Certificate of Status Desired		•	Additional equired
City & Sta	ate	City & Sta	te			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country		8. This corporation has liability for			. 199.032,
24	25	29		30			Yes [
	9. Name and Address of Cur	rent Registered Ager	<u></u>			10. Name and Address of New Re	gistered A	gent	
	NLLER, FRED A., III			81	Name				
	132 HILLWOOD ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptate	ole)		
J	ACKSONVILLE FL 32223			<u> </u>			,		
				83					
				84	City			85 Zip	Code
					Olly		FL	103 210	Code
office or	t to the provisions of Sections 607.0 registered agent or both, in the Sta am familiar with land accept the ob-	ale of Florida. Such ch	iange was at	uthorized by	the corpora	poration submits this statement for the fitting tion's board of directors. I hereby acce	ourpose of pt the appo	changing it sintment as	is registered registered
SIGNATURE	,	•							
DIGITATION.	Signature, typed or printed name of registered	agent and title if applicable	(NOTE:	: Registered Age	nt signature requi	red when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 12
THILE	Р		DELETE	1.1 TITLE				☐ Change	Addition
NAME	MILLER, FRED, A, HI			1.2 NAME					
STREET ADDRESS				1.3 STREET	ADDRESS				
CITY-ST-ZIF	JACKSONVILLE, FL 00000			1.4 City+S	T - ZIP				
TITLE	D		DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	MILLER, FRED A, III			2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS				
CHY-ST-ZIP	JACKSONVILLE, FL 00000			2, 4 CITY - S	ST - ZIP				
THE	ST		DELETE	3.1 TITLE				☐ Change	Addition
NAME	MILLER, DIAN M			3.2 NAME					
STREET ADDRESS		•		3.3 STREET	ADDRESS				
CITY-ST-ZIF	JACKSONVILLE FL			3.4. CITY - 9	ST-ZIP				
TITLE			DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS		. ,	es e contra	4.3 STREET	ADDRESS				
CITY-ST-20F				4.4 CITY - S	T-ZIP				
TITLE			DE1.ETE	5.1 TITLE				Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST 20F				5.4 CITY - S					
TITLE			DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					
STREET ADORESS				6.3 STREET	ADDRESS				
City-St-2#									
	that control that the infernation cure	had with the filing doe	se not qualify	6.4 CITY - S		d in Section 119 07(3Vi) Florida Statuto	o I further	aartifu that	the

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 angual 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-97

904 2602159