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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # 562353 (3)

1. Corporation Name

A & E ELECTRIC COMPANY, INC.

Principal Place of Business	Mailing Address
10731 WILLIAMS RD THONOTOSASSA FL 33592	10731 WILLIAMS RD THONOTOSASSA FL 33592

3. Date Incorporated or Qualified: 03/17/1978
3a. Date of Last Report: 05/01/1997

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1814795 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AUSTIN, PAULETTE Y
10731 WILLIAMS RD
THONOTOSASSA FL 33592

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 (If changing registered agent and this is applicable) NOTE: Registered Agent's signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	ST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AUSTIN JR, LONNIE C	1.2 NAME	
STREET ADDRESS	10731 WILLIAMS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA, FL 00000	1.4 CITY-ST-ZIP	
TYPE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EVERIDGE, GLENN A	2.2 NAME	
STREET ADDRESS	10731 WILLIAMS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA, FL 00000	2.4 CITY-ST-ZIP	
TYPE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, PAULETTE Y	3.2 NAME	
STREET ADDRESS	10731 WILLIAMS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA, FL 00000	3.4 CITY-ST-ZIP	
TYPE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TYPE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TYPE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: Paulette Y. Austin 4/30/97 (813)986-1627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0297227 CP

CR2E034 (12/95)