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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90042 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 586169

1. Corporation Name
H.C. CONNELL, INC.

Principal Place of Business
400 MCCORMACK ST.
P.O. BOX 490700
LEESBURG FL 34749-7700

Mailing Address
400 MCCORMACK ST.
P.O. BOX 490700
LEESBURG FL 34749-7700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 1601 Forum Place

Suite, Apt. #, etc.

27 Suite 1110

City & State

28 West Palm Beach, FL

Zip

29 33401

Country

30

Palm Beach

3. Date Incorporated or Qualified

09/12/1978

4. FEI Number

59-1847845

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES
777 S FLAGLER DR SUITE 500 E
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

Edward Pollock

82 Street Address (P.O. Box Number is Not Acceptable)

Able Telcom Holding Corp.

83 1601 Forum Place, STE 1110

84 City

WPB

FL

85 Zip Code

33401

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

Edward Pollock

(NOTE: Registered Agent signature required when reinstating)

1/20/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	GAINES, FRAZIER	
STREET ADDRESS	1601 FORUM PL. STE 1110	
CITY-ST-ZIP	WEST PALM BCH FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	QUIMETTE	
STREET ADDRESS	400 MCCORMACK ST	
CITY-ST-ZIP	LEESBURG FL	

TITLE	ATS	<input checked="" type="checkbox"/> DELETE
NAME	SHAIN, MARK	
STREET ADDRESS	1601 FORUM PL, STE 1110	
CITY-ST-ZIP	WEST PALM BCH FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CASSON, RUSSELL F.	
STREET ADDRESS	9820 JACKSON ROAD	
CITY-ST-ZIP	LEESBURG FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ray, Billy V.	
1.3 STREET ADDRESS	1601 Forum Place, Suite 1110	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	

2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Arp, Mike	
2.3 STREET ADDRESS	1601 Forum Place, Suite 1110	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE:

Billy V. Ray

Billy V. Ray

1/20/99

Date

Daytime Phone #

CR2E034 (11/98)