| | DO4 FOR PROF ANNUAL R MENT # 670424 | REPORT (AF | | FILED Mar 04, 2004 8:00 an Secretary of State | |
|---|---|--|---|---|--|
| EBERRY | Y ELECTRIC CO., INC. | | | 03-04-2004 90007 012 ***150.00 | |
| ncipal Plac | ce of Business | Mailing Address | | | |
| 8463 MAIN D BOX 260 ACKSONV S | | PO BOX 26037 JACKSONVILLE FL 3 US | 2226 | 94024405 | |
| Principal P | Place of Business | 3. Mailing Address | | | |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | * <u></u> | MOORE CR2E034 (11/03) | |
| City & Stat | te | City & State | | 4. FEI Number 59-2012281 Applied For Not Applica | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| | 6. Name and Address of Curren | t Registered Agent | Name > | 7. Name and Address of New Registered Agent | |
| BLE | ÉDSOE, SCHMIDT & LĪPP E INDEPENDENT DRIVE ST | - | Da | ss (P.O, Box Number is Not Acceptable) | |
| STE | E 1818 CKSONVILLE FL 32207 | 12 2301 | bre | Ndependent Dr. Suile 2301 | |
| U/U | | | City - | Ksonville FL 32302 | |
| The above | e named entity submits this statement f | or the purpose of changing it | | stered agent, or both, in the State of Florida. I am familiar with, and acce | |
| F | Signature, types or printed name of registered apor | | TE: Registered Agent signature req | uvired when reinstating) DATE 9. Election Campaign Financing \$5.00 May B | |
| F Afte ake Chec | Signature, types or printed name of registered ager FILE NOW!!! FEE IS \$150.00 or May 1, 2004 Fee will be \$550.00 k Payable to Florida Department OFFICERS AND | n and title if applicable. (NO | TE: Registered Agent signature req | | |
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| Solly Nan | 118 | 0424 | | Attachment 94024405 | |
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| EBERR | Y ELECTRIC CO., INC. | | | | |
| rincipal Plac 3463 MAIN S O BOX 2603 ACKSONVILL | 37 | Mailing Address PO BOX 26037 JACKSONVILLE FL 322 US | 226 | | |
| 5 | Place of Business | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | · · · · · · · · · · · · · · · · · · | | |
| City & State | | City & State | | 4. FEI Number 59-2012281 Applied | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired 5. Certificate of Status Desired Fee Required | nal |
| | , schmidt & lipp Erplace blvd | | Street Addres | L. D. AKEL, ESOUIRE SS 160 BEN Number is Not Acceptable) NDEPENDENT DRIVE, SUITE 23 | 301 |
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