

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 1:56

DOCUMENT # 672378

(7)

1. Corporation Name

BEST ELECTRIC SERVICE, INC.

Principal Place of Business

24241 TAMiami TrL S
STE 2
BONITA SPGS FL 33923
US

Mailing Address

24241 TAMiami TrL S
STE 2
BONITA SPGS FL 33923
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1980	3a. Date of Last Report 04/22/1994
4. FEI Number 59-2005756	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 has liability for intangible tax under S. 199.032. Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

HODGES, PERRY J.
24241 TAMiami TrL S
STE 2
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 making filing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PTD HODGES, PERRY J 24241 TAMiami TrL S, STE 2 BONITA SPRINGS FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	AS Jerry W. Sitzlar 24241 Tamiami Trl. S., Ste 2 Bonita Springs, FL 33923 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VPSD HODGES, MARILYN R 24241 TAMiami TrL S, STE 2 BONITA SPRINGS FL	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	AS SITZLAR, JEFFREY D 24241 TAMiami TrL S, STE 2 BONITA SPRINGS FL	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	AS DOBSCHA, PASQUAL J 24241 TAMiami TrL S, STE 2 BONITA SPRINGS FL	13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	☐ Change ☐ Addition

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 110.07(3)(a), 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 of this report, or on an attachment with my address.

SIGNATURE:

Marilyn R. Hodges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn R. Hodges
Date

813-992-3561
Telephone Number