FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 14 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (5) PETER H. JACK ELECTRIC, INC. Principal Place of Business Mailing Address 18404 OUAIL RUN DRIVE 18404 OUAIL RUN DRIVE P.O. BOX 665 P.O. BOX 665 DO NOT WRITE IN THIS SPACE JUPITER FL 33458 JUPITER FL 33458 3. Date Incorporated or Qualified 11/06/1980 2. Principal Place of Business Mailing Address Applied For 59-2042774 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JACK, PETER H. 18404 QUAIL RUN DR. Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33458 83 84 City 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** Signature, typed or printed name of registrated agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change TITLE PD 11 Title JACK, PETER H. NAME 1.2 NAME **CR2E034** 18404 QUAIL RUN DR. STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

STREET ADDRESS

SIGNATURE:

14. I hereby certify that the information indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if changed on ing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an rupte enhanced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the anadoless.