## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # F20288** 

(9)

RAYFIELD ELECTRICAL SERVICES, INC.

Principal Place of Business Mailing Address 8320 SW 184 TERRACE 8320 S.W. 184TH TERRACE PO BOX 970566 PO BOX 970566 MIAMI FL 33197 MIAMI FL 33197-0568 3. Date Incorporated or Qualified 3a. Date of Last Report 02/18/1981 01/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2066375 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes 🔲 No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BAISLEY, RAYFIELD 8320 S.W. 184TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157** 83 84 City Zip Code 85 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 life if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE THILE 1.1 TITLE Change Addition RAYFIELD, BAISLEY NAME 1.2 NAME **CR2E034** 8320 SW 184TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL C:TY - ST- ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C+TY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TILE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

SIGNATURE:

appears in Block 12 or

CITY - ST - ZIP

nent with an address

6.4 CITY - S1 - ZIP 14. I do 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 ennual 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 of t

THE BAISLEY 01-15-97

**FILED** 

Jan 27 1997 8:00am

Secretary of State