FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Feb 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)G36835 A & G ELECTRIC, INC. Principal Place of Business Mailing Address 17540 OAK CREEK RD 17540 OAK CREEK RD. ALVA FL 33920 ALVA FL 33920 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/03/1983 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 59-2290142 Suite, Apt. #, etc. Suite, Ant. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees 28 Zip Country ŢĮD 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMRHEIN, DENISE 17540 OAK CREEK RD. 82 Street Address (P.O. Box Number Is Not Acceptable) ALVA FL 33920 83 84 City 85 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 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 lamiliar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition me 1.1 TITLE NAME AMRHEIN, DENISE 1.2 NAME 17540 OAK CREEK RD. STREET ADDRESS 1.3 STREET ADDRESS ALVA FL CITY-ST-7IP 1.4 City-Si-ZiP DELLIE Change ☐ Addition litte Z1 HITLE NAME 22 NAME STREET ADDRESS 2.3 STROLL ADDRESS CITY-ST-ZIP 2 4 CITY - <u>ST - ZIP</u> TITLE DELETE 3.1 ITTLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CHY-51-7/F 34. CITY-51-7P DELLIE Addition TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 OTY-St-ZIP DELETE Change Addition TOTALE S 1 TITLE NAME N ≥ NAME STREET ADDRESS 5.3 STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address SIGNATURE:

5.4 CITY-ST-7IP

6.3 STREET ADDRESS

64 CITY-S1-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. 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

6.1 TITLE

6.2 NAME

Change

Addition

DFLETE

CITY-ST-ZIP

STREET ADDRESS

CITY-SY-ZIP

TITLE

NAME