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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

G61192 DOCUMENT #

(2)

H & D ELECTRICAL MAINTENANCE & SERVICES, INC.

Principal Place of Business 300 SOUTH MADISON AVENUE #3 Maling Address

300 SOUTH MADISON AVENUE #3



CLEARWATER	R FL 34616	CLEARWATER FL 346	816					
					3. Date Incorporated or Qualified 09/26/1983	3a. Date 0	of Last /01/1	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	·	T	Applied For
21		26			59-2320868			Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additional e Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
Zıp	Country	Zip	Coun	ry	8. This corporation has liability for it	ntangibie tax	under	s 199.032,
24	25	29	30		Florida Statutes Yes			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered A	gent	
			8	1 Name				
	r, robert d.		8	2 Street Add	Iress (P.O. Box Number is Not Acceptabl	le)		
	8 AVENUE NORTH						<u></u>	
LARGO	FL 34643-8246		8	3				
			8	4 City			85	Zip Code
				1 1	oration submits this statement for the purp	FL		
	Signature typed or printed name or registered ages		Of Bajatesi A	jest synatar, regan	ad when rejistati gi	DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND D	JIRLC'	TORS IN 12
TITLE	P	DELETE	1 : 100	f			Chang	e 🔲 Addition
NAME	HOOVER, ROBERT D.		1.2 NAM	E				
STREET ADDRESS	9296-126 AVENUE NORTH		13 STR	ET ADDRESS				
CITY-ST ZIP	LARGO FL			- ST - ZiP				
TITLE		☐ DELETE	2 1 1 11	F			Chang	e 📋 Addition
NAME			2.2 NAM					
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CITY-ST-ZIP TITLE		DELETE	2.4 CITY					F
NAME		C OSTELLE	3 1 1/1	İ		LJ	Chang	e 🔲 Addition
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NAME			4.2 NAM	i			o	
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City-St-ZiP			6 4 CITY	· \$1 · 7IP				
14 I do bousts	cortification information controls:	is ith this films is not retail. Five	والمراجع والمراجع		(. t			

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify fur the exemption stated in Section 119.07(3)(k). Forida Statutes I further certify that the information indicated on this armuel 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 arm 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 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR D. HOWEVER 3-1-96 8/3 461-7186