## FILE NOW: FILING FEE AFTER MAY 1ST 15'\$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G84753

MEL HENDERSON ELECTRIC, INC.

**FILED** Jun 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 18502 MARCO BLVD 18502 MARCO BLVD FORT MYERS FL 33912 FORT MYERS FL 39912 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/15/1984 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-2359482 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 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 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HENDERSON, MARK 18502 MARCO BLVD SE 82 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33912 83 Zip Code 85 s 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Section Sec. HENDERSON AURA SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition **HENDERSON, MARK** NAME 1.2 NAME 18502 MARCO BLVD. STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP t. Myers fl 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition HENDERSON, LAURA NAME 2.2 NAME 18502 MARCO BLVD. STREET ADDRESS 23 STREET ADDRESS T. MYERS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITL€ 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 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 S 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP 900002577789 -07/01/38-01054-004 TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** \*\*\*150.00 CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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 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 of the receiver or I fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.