

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

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**May 05 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G86452 (1)**

1. Corporation Name  
**JAMES D. HINSON ELECTRICAL CONTRACTING COMPANY, INC.**

Principal Place of Business Mailing Address  
**11609 COLUMBIA PARK DR. W. JACKSONVILLE FL 32258** **11609 COLUMBIA PARK DR. W. JACKSONVILLE FL 32258-2480**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/27/1984</b>	3a. Date of Last Report <b>05/14/1996</b>
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2385218</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent <b>HINSON, JAMES D. 3635A RACETRACK RD JACKSONVILLE FL 32259</b>				10. Name and Address of New Registered Agent	
B1 Name					
B2 Street Address (P.O. Box Number is Not Acceptable)					
B3					
B4 City				<b>FL</b>	B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HINSON, SHIRLEY M.</b>	1.2 NAME	
STREET ADDRESS	<b>3635A RACE TRACK RD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HINSON, JAMES D., JR.</b>	2.2 NAME	
STREET ADDRESS	<b>3635A RACE TRACK RD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HINSON, ROBERT D.</b>	3.2 NAME	
STREET ADDRESS	<b>1729 HEATHERWOOD DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HINSON, J. DANIEL</b>	4.2 NAME	
STREET ADDRESS	<b>1397 ROBERTS ROAD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCOY, JAMEY J.</b>	5.2 NAME	
STREET ADDRESS	<b>3635 RACE TRACK ROAD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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)(b), 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 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:** *James D. McCoy* **DATE:** **4/25/97** **(904) 262-3805**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)