FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G86629 (4)

1. Corporation Name
HICKS ELECTRIC, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1075B ORIENTA AVE. ALTAMONTE SPRINGS FL 32701 US	1075-B ORIENTA AVE. ALTAMONTE SPRINGS FL 32701 US

3. Date Incorporated or Qualified: 02/28/1984
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2357804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HICKS, JAMES B.
945 RED FOX ROAD
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: GORDERT, SHELLEY
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1075B ORIENTA AVENUE
84 City: ALTAMONTE SPRINGS, FL 85 Zip Code: 32701

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: Shelley R. Gordert Shelley R. Gordert 2-7-95
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent's signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	HICKS, JAMES B.	12 NAME		
STREET ADDRESS	945 RED FOX ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	14 CITY ST ZIP		
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	HICKS, PATRICIA K.	22 NAME		
STREET ADDRESS	945 RED FOX ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	VP	☐ Change ☒ Addition
NAME		32 NAME	GORDERT, SHELLEY	
STREET ADDRESS		33 STREET ADDRESS	1075 B ORIENTA AVE	
CITY-ST-ZIP		34 CITY ST ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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: Shelley R. Gordert Shelley R. Gordert VP 2-7-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0086807 CP