

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G86629 (4)**

1. Corporation Name
HICKS ELECTRIC, INC.



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

3. Date Incorporated or Qualified: **02/28/1984**
3a. Date of Last Report: **02/27/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-2357804	<input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Country	30. Country		

9. Name and Address of Current Registered Agent

**GORDERT, SHELLEY
1075B ORIENTA AVENUE
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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* (NOTE: Registered Agent signature required when reinstating) DATE: **3-1-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1. 1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, JAMES B.	1.2 NAME	James B Hicks
STREET ADDRESS	945 RED FOX ROAD	1.3 STREET ADDRESS	1075B ORIENTA AVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	ALTAMONTE SPGS, FL 32701
TITLE	STD <input type="checkbox"/> DELETE	2. 1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, PATRICIA K.	2.2 NAME	PATRICIA K HILKS
STREET ADDRESS	945 RED FOX ROAD	2.3 STREET ADDRESS	1075B ORIENTA AVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	ALTAMONTE SPG, FL 32701
TITLE	VP <input type="checkbox"/> DELETE	3. 1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDERT, SHELLEY	3.2 NAME	
STREET ADDRESS	1075B ORIENTA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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* DATE: **3-1-96** 407-831-4881

CR2E034 (12/95)