

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90013 025 \*\*\*150.00

DOCUMENT # H19887

1. Corporation Name

JERRY'S ELECTRICAL SERVICE, INC.

Principal Place of Business  
9438 WAKULLA SPRINGS RD  
TALLAHASSEE FL 32310

Mailing Address  
PO BOX 6572  
TALLAHASSEE FL 32310-4

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1984

4. FEI Number

59-2445895

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TOWNSEND, ALAN  
RT 28 BOX 1805  
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9438 Wakulla Springs Rd.

83

84 City

Tallahassee

FL

85 Zip Code

32310

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME TOWNSEND, ALAN E  
STREET ADDRESS RT 28 BOX 1805  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE STV ☐ DELETE  
NAME TOWNSEND, ALISON R  
STREET ADDRESS RT 28 BOX 1805  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE STD ☐ DELETE  
NAME TOWNSEND, CAROLYN C  
STREET ADDRESS 4226 TUCKER DR  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Townsend, Alan E  
1.3 STREET ADDRESS 9438 Wakulla Springs Rd  
1.4 CITY-ST-ZIP Tallahassee FL 32310

2.1 TITLE STV ☒ Change ☐ Addition  
2.2 NAME Townsend, Alison R  
2.3 STREET ADDRESS 9438 Wakulla Springs Rd.  
2.4 CITY-ST-ZIP Tallahassee FL 32310

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director: Alan E Townsend 4-6-99 576-4826

Date

Daytime Phone #

CR2E034 (11/98)