

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H81545** (6)

1. Corporation Name
HM ELECTRIC CONSTRUCTION, INC.



Principal Place of Business

**1225 E. 131ST
SUITE H
TAMPA FL 33612
US**

Mailing Address

**1225 E. 131ST. AVENUE
SUITE H
TAMPA FL 33622
US**

3. Date incorporated or Qualified
10/17/1985

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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9. Name and Address of Current Registered Agent

**HUSKEY, MIKE
17120 ESTES ROAD
LUTZ FL 33549**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 and 607.1506, 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 location provided for corporation's registered agent.

Printed Name of Agent (Signature must be written on this line)

Date

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	HUSKEY, MIKE	
STREET ADDRESS	17120 ESTES RD	
CITY-STATE-ZIP	LUTZ FL	
TITLE	VP	☐ DELETE
NAME	STONE, MARVIN	
STREET ADDRESS	8017 HAMMOCK WOODS	
CITY-STATE-ZIP	ODESSA FL	
TITLE	S	☐ DELETE
NAME	HUSKEY, LINDA	
STREET ADDRESS	17120 ESTES ROAD	
CITY-STATE-ZIP	LUTZ FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this form 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:

Mike Huskey
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 (813) 9770608
Date Phone #

CR2E034 (12/95)