

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J08299 (6)

1. Corporation Name

ACTION ELECTRICAL SERVICES, INC.

Principal Place of Business

**2263 CURLEW RD.
PALM HARBOR FL 34683
US**

Mailing Address

**2263 CURLEW RD.
PALM HARBOR FL 34683
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/09/1986

3a. Date of Last Report

04/13/1994

4. FEI Number

59-2675186

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 910 Ohio Ave

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit E

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Palm Harbor FL

City & State

28 City & State

Zip

24 34683

Country

25 Pinellas

Zip

29 34683

Country

30 FL

9. Name and Address of Current Registered Agent

**FERGUSON, ROBERT A., JR.
810 19TH ST.
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FERGUSON, ROBERT A., JR.**
STREET ADDRESS **810 19TH ST.**
CITY-ST-ZIP **PALM HARBOR**

TITLE **V**
NAME **FERGUSON, ROBERT A.**
STREET ADDRESS **1456 LAKEVIEW DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **D**
NAME **FERGUSON, MARJORIE**
STREET ADDRESS **1456 LAKEVIEW DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **ST**
NAME **FERGUSON, JULIE H.**
STREET ADDRESS **810 19TH ST.**
CITY-ST-ZIP **PALM HARBOR**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Addition

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:

Robert A. Ferguson Jr.

4-20-95

813-789-1605

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Telephone Number

Robert A. Ferguson Jr.