**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name (4)K04598

## Mar 26 1998 8:00am Secretary of State

QUALITY ELECTRICAL SERVICE, INC.					
1					
			··		
Principal Plac		Mailing Address			
2758 ERNEST ST			-	1	
JACKSONVILLE FL 32205 US		JACKOSNVILLE FL 32205 US		DO NOT WRITE IN THIS	SPACE
		•		3. Date Incorporated or Qualified	
				12/02/1987	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2871084	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	·	27	<del></del>	T. COMMODIO ST STATES DOSMOD	Fee Required
City & Stat	t <del>e</del>	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23	Country	28	I Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	urrent year Intangible
24	9. Name and Address of Curre	29   nt Registered Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registered	
0	NATE, RAMIRO F.				
12143 SPRING MOOR 9 COURT			<u> </u>		
	CKSONVILLE FL 32225		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	ONDOWNELL I'L OLLLO		83		
				·····	
			84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the above-named corp		of changing its registered
office or r	registered agent, or both, in the State	e of Florida, Such change was a	authorized by the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as registered
	and accept the cong	allona or, occitor bor, occitor k	onda Sialoles.		
SIGNATURE	Signature, typed or printed name of registered ag	ont and title if applicable [NO]	E: Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	ONATE, RAMIRO F.		1.2 NAME		1
STREET ADDRESS	13143 SPRINGMOOR 9 DR		1.3 STREET ADDRESS		j
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		Doubte	2 4 CITY-ST-ZIP		Character To Addition
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		FT prefit	4. 2 NAME		C overigo C Montifott
STREET ADDRESS			B		
			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ŀ
CITY-ST-ZIP			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.