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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K84123

(4)

Mailing Address

RON POPE ELECTRIC, INC.

FILED

May 13 1997 8:00am

Secretary of State

RT 1 BOX 183-2 HWY 143 JENNINGS FL 32053		RT 1 BOX 163-2 HWY 143 Jennings FL 32053-9785					
				3. Date Incorporated or Qualified 04/28/1989	3a. Date of Last Report 04/10/1996		
	ace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21		26		59-3000287		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	1 1 7 -	.75 Additional ee Required	
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip	Country	Zip	Countr	·	This corporation has liability for in		
24	25	29	30		Florida Statutes	Yes X No	100 0. 100.002,
	9. Name and Address of Curren	t Registered Agent		4. 20-12-12-1	10. Name and Address of New Reg	stered Agent	
POP	e, ronald s.		81	Name			
ROU	TE 1, BOX 163-2, HIGHWAY 143	1	82	Street Addr	ress (P.O. Box Number is Not Acceptab	lo)	
JENN	NINGS FL 32053						
			83				
			84	City	*****	85	Zip Code
						PL	,
11. Pursuant to office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was a ations of Section 607.0506. Flo	es, the above authorized b orida Statute	e-named corp y the corporal s	poration submits this statement for the pi lion's board of directors. I hereby accep	urpose of chan t the appointme	ging its registered ent as registered
SIGNATURE	Signature, typed or printed name of registered agen						
12.	OFFICERS AND		13.	oni signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DIRE	CTODS IN 12
TITLE	P	DELETE	1.1 10 LE	··	ADDITIONS/CHANGES TO OFFIC	CI	
NAME	POPE, RONALD STEPHAN		1.2 NAME				
STREET ADDRESS	RT 1 BOX 163-2 HWY 143			I ADDRESS			
CITY-ST-ZIP	JENNINGS FL		1.4 CHY-				
TITLE	ST	DELETE	2.1 IIILE	21.51		C	nange Addition
NAME	POPE, BARBARA SUE	4	2.2 NAME				
STREET ADDRESS	RT 1 BOX 163-2 HWY 143			ADDRESS			
CITY-ST-ZIP	JENNINGS FL		2 4 CHTY-				
TITLE	1	DELETE	3.1 THTLE	S		□ c	nange Addition
NAME			3.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			3.4. CITY-	1			
TITLE	- Little House Control	DELETE	41 1111 F			C	nange Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	I ADDRESS			
CITY-ST-ZIP			4.4 CITY-1	1			
TITLE		DELETE	51 HILE			☐ Ch	nange Addition
NAME			5.2 NAME			-	_
STREET ADDRESS			1	I ADDRESS			
CITY-ST-ZIP			5.4 CITY-1	1			
TITLE		☐ DELETE	61 1IILE		×	☐ CH	nange Addition
NAME			6.2 NAME				= == =
STREET ADDRESS	The second secon		•	I ADDRESS			
CITY-ST-ZIP	<u>.</u>		6.4 CiTY-	i			
14. I do heret	by certify that the information supplied	with this filing does not qualif	v for the exe	motion stated	in Section 119,07(3)(i), Florida Statutes	. I further certif	y that the
informatio I am an of	n indicated on this annual report or s	upplemental annual report is to the receiver or trustee empow	rue and acc ered to exe	urate and that	my signature shall have the same legal t as required by Chapter 607, Florida Si	effect as if ma atutes; and tha	de under oath: that.