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Apr 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L38765

(8)

1. Corporation Name  
CONLEY'S ELECTRIC SERVICE, INC.

Principal Place of Business

706 UW HWY 17-92  
HAINES CITY FL 33844  
US

Mailing Address

P.O. BOX 506  
POLK CITY FL 33868-0506  
US



3. Date Incorporated or Qualified  
01/01/1990

3a. Date of Last Report  
01/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0169509

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CONLEY, WAYNE N.  
418 EDGEWATER DR  
POLK CITY FL 33868

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC  
NAME CONLEY, WAYNE N.  
STREET ADDRESS 418 EDGEWATER DR  
CITY-ST-ZIP POLK CITY FL ☐ DELETE

TITLE V  
NAME PAFFORD, THOMAS ROY  
STREET ADDRESS 216 LARKSPUR LANE  
CITY-ST-ZIP POLK CITY FL ☐ DELETE

TITLE T  
NAME CONLEY, GLENDA RAE  
STREET ADDRESS 418 EDGEWATER DR  
CITY-ST-ZIP POLK CITY FL ☐ DELETE

TITLE V  
NAME SHULTS, TODD  
STREET ADDRESS 106 BRIDGES RD  
CITY-ST-ZIP POLK CITY FL ☐ DELETE

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 VICE PRES ☐ Change ☒ Addition  
1.2 NAME ROBERT P. KENYON  
1.3 STREET ADDRESS 1014 HUNT AVE.  
1.4 CITY-ST-ZIP LAKELAND, FL 33801

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 do 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.

SIGNATURE: *Wayne N. Conley* WAYNE N. Conley, PC 4-9-97 941 421 4588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)