FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB 27 AM 12: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L43992 (1)

1. Corporation Name
ALL SERVICE ELECTRIC, INC.

Principal Place of Business
4635 EMERSON STR
JACKSONVILLE FL 32207
US

Mailing Address
P O BOX 16694
JACKSONVILLE FL 32245-3694

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1556 WHITLOCK AVE
Suite, Apt. #, etc.
22
City & State
23 JACKSONVILLE FL
Zip 24 32211 Country 25 DUVAL

2a. Mailing Address
26 1556 WHITLOCK AVE
Suite, Apt. #, etc.
27
City & State
28 JACKSONVILLE FL
Zip 29 32211 Country 30 DUVAL

3. Date Incorporated or Qualified: 01/17/1990
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-3001205 ☐ 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
WINKLER, JOHN
2515 OAK ST
JACKSONVILLE FL 32204

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	P
NAME	SULLIVAN, JOSEPH W.
STREET ADDRESS	2675 GRAMPIAN DRIVE
CITY-ST-ZIP	JAXVILLE, FL 32216
TITLE	V
NAME	SULLIVAN, JAMES M.
STREET ADDRESS	6914 ALTAMA ROAD
CITY-ST-ZIP	JAXVILLE, FL 32216
TITLE	V
NAME	GILLIAM, WALTER W.
STREET ADDRESS	6914 ALTAMA RD
CITY-ST-ZIP	JAXVILLE, FL 32216

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	☒ Change ☐ Addition
12 NAME	SULLIVAN, JOSEPH W.	
13 STREET ADDRESS	2046 RALEY CREEK DR E	
14 CITY-ST-ZIP	JACKSONVILLE FLA 32225	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	V	☒ Change ☐ Addition
32 NAME	GILLIAM, WALTER W.	
33 STREET ADDRESS	3158 ASHRIDGE DR	
34 CITY-ST-ZIP	JAX FL 32225	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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(1)(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: [signature] JOSEPH W SULLIVAN 1-20-95 (904) 744 5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0407400 FP