

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000165981

1. Entity Name  
B C ELECTRICAL CONTRACTORS, INC.



FILED

06 SEP 25 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
106 LOBLOLLY CT  
PANAMA CITY BEACH, FL 32413 BA

Mailing Address  
106 LOBLOLLY CT  
PANAMA CITY BEACH, FL 32413 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09212006

REIN-P

CR2E098 (11/05)

4. FEI Number

20-3685404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERAKINES, JIM  
106 LOBLOLLY CT  
PANAMA CITY BEACH, FL 32413

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME HENSON, RAY L  
STREET ADDRESS 11208 HUTCHINSON BLVD PMB 196  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 ☒ Delete

TITLE VP  
NAME GERAKINES, JIM  
STREET ADDRESS 106 LOBLOLLY CT  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
400080146604  
09/25/06--01045--002 \*\*158.75

TITLE PRESIDENT  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM GERAKINES

Date

850-258-8413

Printed Name