

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P06406** (3)
1. Corporation Name
PUTZEL ELECTRICAL CONTRACTORS, INC.

Principal Place of Business

1345 GEORGIA AVE.
P. O. BOX 4565
MACON GA 31208

Mailing Address

1345 GEORGIA AVE.
P. O. BOX 4565
MACON GA 31208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1985

4. FEI Number

58-0515016

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

DUGHI, JODY P.
1318 ARDSLEY RD.
JACKSONVILLE FL 32207

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

Jody P. Dughi

(NOTE: Registered Agent signature required when reinstating)

3/18/98

12. OFFICERS AND DIRECTORS

TITLE	RY	<input type="checkbox"/> DELETE
NAME	GORMAN, ALTON R.	
STREET ADDRESS	1017 ASHLEY HALL RD.	
CITY-ST-ZIP	MACON GA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PURCEL, MORRIS A.	
STREET ADDRESS	5245 BRANDYWINE DRIVE	
CITY-ST-ZIP	MACON GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOHN, WILLIAM G.	
STREET ADDRESS	629 HICKORY STICK LANE	
CITY-ST-ZIP	MACON GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DEESE, ALICE M.	
STREET ADDRESS	450 STEEPLECHASE DRIVE	
CITY-ST-ZIP	MACON GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CURENTON, RUFUS B.	
STREET ADDRESS	3821 ROBBINS ROAD	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

M. Mortham

3/18/98 912 7430200

CR2E034 (10/97)