

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

FILED  
Mar 20 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 # P09050  
1. Corporation Name  
HARVEY UHL ELECTRIC COMPANY

(6)



Principal Place of Business  
3605 CLEVELAND-MASSILLON RD.  
NORTON OH 44203

Mailing Address  
3605 CLEVELAND-MASSILLON RD.  
NORTON OH 44203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/11/1986

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

34-0669322

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALES, PEGGY A.  
2803 19TH STREET W.  
BRADENTON FL 33505

81 Name

Tammy D. Moody

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

4607 19th Street W

83

84 City

Bradenton

FL

85 Zip Code

34207

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

Tammy D. Moody  
(Note: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS GERSTENSLAGER, THOMAS R.  
CITY-ST-ZIP 2864 PREMAE DR.  
AKRON OH

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS GERSTENSLAGER, C. BRENT  
CITY-ST-ZIP 7540 BROWNWOOD  
CANAL FULTON OH

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

Vice President  
Gerstenslager, C. Brent  
286 W. Comet Road  
Clinton, Ohio 44216

☒ Change ☐ Addition

TITLE ☐ DELETE  
NAME ST  
STREET ADDRESS GERSTENSLAGER, VIRGINIA D  
CITY-ST-ZIP 2864 PREMAE DR.  
AKRON OH

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 Tammy D. Moody

3-2-98

1-330-825-9988

CP2E034 (10/97)