

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 DEC 10 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

1997

DOCUMENT # P93000030208 (1)

1. Corporation Name

SUMMIT ELECTRICAL CONTRACTORS, INC.

REINSTATEMENT

17

Principal Place of Business

13915 ALVAREZ RD.
JACKSONVILLE FL 32218

Mailing Address

13915 ALVAREZ RD.
JACKSONVILLE FL 32218

2. Principal Place of Business

21 14600 Duval Pl. W.

Suite, Apt. #, etc.

22 504

City & State

23 Jacksonville, FL

Zip

24 32218

Country

25 USA

2a. Mailing Address

26 14600 Duval Pl. W.

Suite, Apt. #, etc.

27 504

City & State

28 Jacksonville, FL

Zip

29 32218

Country

30 USA

3. Name and Address of Current Registered Agent

HAYES, DENNIS E
233 E. BAY ST.
SUITE 620
JACKSONVILLE FL 32202

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 Dennis E. Hayes

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

(NOTE: Registered Agent signature required for reinstating)

DATE

12/3/97

12. OFFICERS AND DIRECTORS

TITLE

NAME
HURST, HAROLD R.
STREET ADDRESS
14912 THOMAS MILL RD. E.
CITY-ST-ZIP
JACKSONVILLE FL

DELETE

TITLE

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

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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

[Signature]

9-11-97

CR2E034 (4/97)