FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000043044 (5) **DOCUMENT #** 1. Corporation Name

J.H. E	LECTRIC SERVICE, INC.								
Principal Place	of Business	Mailing A	Address				. 60 1 0 118	J AM III	HE BARRE BERF HORE
266 FAIRWA NAPLES FL			NRWAY CIRCLE S FL 33942						
						3. Date Incorporated or Qualified 06/14/1993	3a. Date o	of Last F /09/19	
2. Principal Pl.	ace of Business	2a. Mailin 26	ng Address			4. FEI Number 65-0416820	1	Ė	Applied For
Suite, Apt.	#, etc	•	, Apt. #, elc.						Not Applicable 5 Additional
22		27				5. Certificate of Status Desired			Required
Orty & State		City 8	State			Election Campaign Financing Trust Fund Contribution)0 May Be
Zip	Country	710		Country		8. This corporation has liability for			ed to Fees
24	25	29	ļ.	30			intangible tax.	under s	199.032,
	9. Name and Address of Curr	ent Registered	Agent	<u> </u>		10. Name and Address of New R		aent	
		<u> </u>		81	Name				
HUDSON, JAMES E 266 FAIRWAY CIRCLE				82	Street A	ddress (P.O. Box Number is Not Acceptab	le:	-	
	HWAY CINCLE FL 33942			83					
TOTAL LEG	T L 33842			63					
				84	City			85 Zi	ıp Code
familiar wit	ed agent, or both, in the State of Flo h, and accept the obligations of Se Stanton typed or pulled have of registant age	otion: 607.0505, F	lorida Statutes.	rly the corp.	лацон 8 д	poration submits this statement for the pur oard of directors. Thereby accept the appo	pose of chan- untinient as re	ging its r gisterec	registered office Lagent Lani
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI		DIRECTO	DRS IN 12
TITLE	D		DELETE	1 * True				Change	Addit on
NAME	HUDSON, JAMES E			1.2 NAME					ĺ
STREET ADDRESS	266 FAIRWAY CIRCLE			13 STHEET	ADDRESS				
CITY-ST-ZIP	NAPLES FL 33942			14 CHY SI	- Z(F)				
TITLE		į	DELETE	2 1 TITLE				Change	☐ Addition
NAME CIRCLI ADDRESS				2.2 NAME					
STREET ADDRESS				2.3 STREET /					
CITY - ST - ZIP TITLE		г) DELETE	24 CITY - ST	- 7P				
NAME		L		3 1 TITLE			L	Change	Addition
STREET ADDRESS				3.2 NAME					
C(TY-S1-Z(P				3.3 STREET	-				
TIFLE			DELETE	3.4 City - SI 4.1 Tille	- 20	,		Change	Addition
NAME		-		4.2 NAME			U	Ona ige	Addition
STREET ADDRESS				43 STHELL A	CIORESS				
CITY-ST-ZIP				4 4 CITY-ST					i
TITLE			DELETÉ	5 1 TITLE			<u>-</u>	Change	Addition
NAME				5.2 NAMe				~	
STREET ADDRESS				5 3 S ! REE L A	DORESS				
CITY-ST-ZIP				5 4 CITY - ST	ZIP				
TIFLE		7	DELETE	6 1 11T_E				Change	Addition
NAME				6.2 NAME					
STHEET ADDRESS				63 STREET A	DORESS				
CITY-ST-ZIP				64 C(1) - ST	ZiP				

14. To hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat 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

SCHATURE AND TYPED OF PHINTED NAME OF STORMED FICER OR DIRECTOR E HUNSUM JV. 4/34/96