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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZI₽



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000043044 (5)

J.H. ELECTRIC SERVICE, INC.

Principal Place of Business Mailing Address 266 FAIRWAY CIRCLE 266 FAIRWAY CIRCLE											
NAPLES FL 33	PLES FL 34110-1118					· · · · · · · · · · · · · · · · · · ·					
								3. Date Incorporated or Qualified 06/14/1993		ate of Last F <b>)1/1996</b>	Report
2. Principal Place of Business 21				2a. Mailing Address 26			4. FEI Number 65-04 16820	Applied For Not Applicable			
Sulte, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State			28	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip <b>24</b>	25	Country	29	Zip	30	untry	/	8. This corporation has liability for in	ntangible Yes		199.032,
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
HUDSON, JAMES E 288 FAIRWAY CIRCLE NAPLES FL 33942						81	81 Name  82 Street Address (P.O. Box Number is Not Acceptable)				
						83					
11. Pursuani	to the provisions	of Sections 607 05	02 and 6	807.1508. Florida Statu	les the a	84 abov	,	poration submits this statement for the n	FL Broose o	.   `	Code te registered
office or agent. I	registered agent am familiar with, a	, or both, in the State and accept the oblig	e of Flor gations c	ida Such change was of, Section 607.0505, FI	authorize Iorida Sta	ed by	y the corpora s.	poration submits this statement for the p tion's board of directors. I heroby accep	ot the app	pointment as	registered
SIGNATURE		<del></del>									
Signature, typod or printed name of registrated agent  12. OFFICERS AND							ent signature requ	irea when reinstating)	DATE OFFICERS AND DIRECTORS IN 12		
TITLE	D	OTTIOL NO	WY DAMAE	DELETE	1.1 ]			ADDITIONS/CHANGES TO OFFIC	LUO VINI	Change	Addition
NAME	HUDSON, JA	MES E		<u></u>	4	NAME				znango	1.0000001
STREET ADDRESS	266 FAIRWA				1		I ADORESS				
CITY-ST-ZIP	NADI EG EL 22040 TOZZZZZZ						ST-ZIP				
TITLE				DELETE	2.1.7					Change	Addition
NAME					2.21	NAME				•	
STREET ADDRESS					2.3 3	STREET	ADDRESS				
CITY-ST-ZIP					2.4	CITY-:	S1-ZIP				
TITLE				☐ DELE1E	3.1 1	ITLE			<del></del>	Change	Addition
NAME					3.21	NAME					
STREET ADDRESS					3.8 9	STREET	ADDRESS				
CITY-ST-ZIP	1				3.4.	CITY-:	ST - ZIP				

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 supplementariannual 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.

4.2 NAME

51 THLE

52 NAME

6111111

62 NAME

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

44 CITY-ST-ZIP

DELETE

DELETE

DELETE

SIGNATURE SOLICE STATE PROPERTY

11-22 02 941-592-732

Change

Change

Change

Addition

Addition

Addition

**FILED** 

Apr 30 1997 8:00am

Secretary of State

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