# CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051109 (5)

1. Corporation Name
BISON ELECTRICAL SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 744 - 44TH AVE. NORTH<br>ST. PETERSBURG FL 33703 | 744 - 44TH AVE. NORTH<br>ST. PETERSBURG FL 33703 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1993
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business — 21:
Suite Apt. # etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite Apt. # etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-3193326 ☐ 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 has liability for intangibles tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEWIS, PAUL C
744 - 44TH AVE. NORTH
ST. PETERSBURG FL 33703

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (DATE: Registered Agent signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>LEWIS, PAUL C<br>744 44TH AVE. NORTH<br>ST. PETERSBURG FL 33703 | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP | President<br>Paul C. Lewis<br>744 44th Ave. N.<br>St. Petersburg, FL 33703 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP | Vice President/Treasurer<br>Mary H. Lewis<br>744 44th Ave. N.<br>St. Petersburg, FL 33703 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP | Secretary<br>Mark C. Lewis | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP | | ☐ Change ☐ Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Paul C Lewis — 5-1-95 — 813 522 3448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Paul C. Lewis, President

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