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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000051109 (5)

BISON ELECTRICAL SERVICES, INC.

Principal Place of Business

Mailing Address

FILED May 15 1998 8:00am Secretary of State



744 - 44TH AVE. NORTH ST. PETERSBURG FL 33703		744 - 44TH AVE. NORTH ST. PETERSBURG FL 33	744 - 44TH AVE. NORTH ST. PETERSBURG FL 33703		DO NOT WRITE IN THE	S SPACE
					3. Date Incorporated or Qualified 07/21/1993	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3193326	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	h		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<u>├</u> ¬ ′		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Z(p Cou		8. This corporation owes or has paid the c	urrent year Intangible
24	25	29			Personal Property Tax due June 30. Yes No	
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	MIS, PAUL C		[1	11 Name		
744 - 44TH AVE. NORTH ST. PETERSBURG FL 33703			1	2 Street Address (P.O. Box Number is Not Acceptable)		
			ŀ	13		
				City	F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the abo	ove-named co		
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	•					
0.0.1110112	Signature, typed or printed name of registered i			Agent signature red	quired when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	☐ DELETE	1.1 TITL	i		☐ Change ☐ Addition §
NAME			1.2 NAN	- 1		3
STREET ADDRESS			1	ET ADDRESS		Į į
CITY-ST-ZIP TITLE			2.1 TITL	-S1-ZIP		Change Addition
NAME	17 1		2.2 NAN			C1 custile C1 vocation
STREET ADDRESS	The state of the s		- 1	EET ADDRESS		Ì
CITY-ST-ZIP	45 55555555555			Y-ST-ZIP		
TITLE			3.1 TITL			Change Addition
NAME	LEWIS, MARK C.		3.2 NAN	IE		Ì
STREET ADORESS	5667 32ND AVENUE N		3.3 STR	EET ADDRESS		ľ
CITY-ST-ZIP			3.4. CIT	(-ST-ZIP		
TITLE		☐ DELĒTĒ	4.1 1IIL	E		Change Addition
NAME			4. 2 NA	-		
STREET ADDRESS			1	EET ADDRESS		Ì
CITY-ST-ZIP		T photo		-ST-ZIP		D Observe D Laboritor
TITLE		DELETE	5.1 TITL	i		Change Addition
NAME CAREET ADDRESS			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	61 THL	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NAN	1		
STREET ADDRESS				ET ADDRESS		
CITY ST. 76P				. CT. 7/P		

14. Thereby 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 true appears in the corporation of 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 true the corporation of the corpora

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