

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P94000013199 (2)

1. Corporation Name

COMMAND ELECTRICAL SERVICES, INC.

Principal Place of Business

Mailing Address

7004 65TH WAY N
PINELLAS PARK FL 34685

7004 65TH WAY N
PINELLAS PARK FL 33781-4009

3. Date Incorporated or Qualified
02/14/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 7101 - 49th St. N.

26 7101 - 49th St. N.

4. FEI Number

59-3232352

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Pinellas Park, FL

28 Pinellas Park, FL

24 Zip 33708

25 Country USA

29 Zip 33781

30 Country USA

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 intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BULMANSKI, RICHARD H
7004 65TH WAY N
PINELLAS PARK FL 34685

81 Name

Bulmanski, Richard H.

82 Street Address (P.O. Box Number is Not Acceptable)

7101 - 49th St. N.

83

84 City

Pinellas Park

FL

85 Zip Code

33781

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BULMANSKI, RICHARD H	
STREET ADDRESS	5600 25TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BULMANSKI, SYLVIA A	
STREET ADDRESS	5600 25TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MENTH, FRED J	
STREET ADDRESS	232 BATH CLUB BLVD N	
CITY-ST-ZIP	N REDINGTON BEACH FL 33708	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MENTH, DARLENE M	
STREET ADDRESS	232 BATH CLUB BLVD N	
CITY-ST-ZIP	N REDINGTON BEACH FL 33708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: Darlene M. Menth

4/24/97

813-522-2288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0384190

CR2E034 (9/96)