FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY 15 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000093110 (2)

1. Corporate Name

HICKS ELECTRIC CO. OF TALLAHASSEE

Principal Place of Business	Mailing Address
2801 COLD STREAM DRIVE TALLAHASSEE FL 32312	2801 COLD STREAM DRIVE TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1994
3a. Date of Last Report:

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

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

4. FEI Number: 59-3288438 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has [illegible] for intangible tax under a [illegible] Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HICKS, DANIEL J
2801 COLD STREAM DRIVE
TALLAHASSEE FL 32312

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 Section 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 [illegible]

12. OFFICERS AND/OR DIRECTORS

TYPE	PSD
NAME	HICKS, DANIEL J
STREET ADDRESS	2801 COLD STREAM DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32312
TYPE	VTD
NAME	HICKS, DANIEL J JR.
STREET ADDRESS	2801 COLD STREAM DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32312
TYPE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. [illegible] ☐ Change ☐ Addition

1. TYPE	
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	
2. TYPE	
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TYPE	
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TYPE	
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TYPE	
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TYPE	
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

14. I/We 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 above, or on an attachment with an address.

SIGNATURE: Daniel J Hicks — 5/11/95 — 904-933-0745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0004486 FN