FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT



STATE FLORIDA DEPARTMENT

Sandra B. Morti

Secretary of Stal DIVISION OF CORPOR TIONS

1997

DOCUMENT # P95000090580 (8)

BURNS ELECTRIC SERVICE, INCORPORATED

Principal Place of Business

Mailing Address

FILED May 02 1997 8:00am Secretary of State



7699 COUNTY ROAD 133 WILDWOOD FL 34785		7699 COUNTY ROAD 133 WILDWOOD FL 34785-8848								
			!			3. Date Incorporated or Qualified 11/29/1995		e of Last F 9/1996	Report	
Principal Place of Business 2a. Mailing Ac			iress			4. FEI Number	,	A	oplied For	
21		26				59-3350842 Not Applicable				
Suite, Apt. (#, elc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	2	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zip 29	Country 30			8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No				
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent 81 Name					
C. JOHN CONIGLIO, P.A.					ne					
104 N. WEBSTER STREET WILDWOOD FL 34785					eet Addre	ddress (P.O. Box Number is Not Acceptable)				
			8	3						
			8		•		FL		Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Statement for the purpose of changing its registered agent and statutes agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Statement for the purpose of changing its registered agent and statutes agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent and accept the appointment as registered agent. I am familiar with a provided part and accept the appointment as registered agent. I am familiar with a provided part and accept the appointment as registered agent and accept the appointment as registered agent. I am familiar with a provided part and accept the appointment as registered agent and accept the accept agent. I am familiar with a provided part and accept the accept agent and accept the accept agent and accept the accept agent and accept agent and accept agent agent. I am familiar with a provided part and accept agent agent agent agent.										
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12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	Addition	
T TLE	PTD DUDNIC NEAL	☐ DELETE	1.1 TITLE					Change	L. Addition	
NAME	BURNS, NEAL 7699 COUNTY ROAD 133		1.2 NAM							
STREET ADDRESS	WILDWOOD CL 04705			L3 STREET ADDRESS						
CHTY-ST-ZIP				1.4 CITY-ST-ZIP				Change	Addition	
THEF	BURNS, DAVID							Carl Citatigo		
NAME '	7699 COUNTY ROAD 133		2.2 NAM							
STREET ADDRESS	WILDWOOD FL 34785			ET ADOR						
CITY - ST - ZIP	VD	DELETE	2. 4 CH Y	'-\$T-ZIP				Change	Addition	
THILE	BURNS, RAY	C DECERT	3.2 NAM							
NAME	7699 COUNTY ROAD 133			i. Et addr	F 9 6					
STREEL ADDRESS	WILDWOOD EL 0470E			-ST-ZIP		•				
CITY-SI-ZIP TITLE		DELETE	4.1 TITL					Change	Addition	
NAME			4. 2 NAM							
STREET ADDRESS				et addr	ESS					
CITY - S1 - ZIP				-ST-ZIP						
THILE		DELETE	5.1 TITL					Change	Addition	
NAME			5.2 NAM	E						
STREET ADDRESS			5.3 STR	ET ADDR	ess					
CITY-S1-ZIP			5.4 CITY	- ST- ZIP						
TITLE		DELETE	6.1 TITL					☐ Change	☐ Addition	
NAME			6.2 NAN	Ε						
STREET ADDRESS			63 STRI	ET ADDR	ESS					
CITY SI-ZIP			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: