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

PROFIT CORPORATION ANNUAL REPORT 1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000090580 (8)

BURNS ELECTRIC SERVICE, INCORPORATED

FILED Feb 04 1998 8:00am Secretary of State



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Principal Place		-	Mailing Address					
7699 COUNTY			7699 COUNTY ROAD 133					
WILDWOOD F	L 34785	WILDWOOD FL 3	4785			CO NOT WOITE IN THE	00405	
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 11/29/1995		
2. Principal P	ace of Business	2a. Mailing Addre	ess			4. FEI Number	Ap	plied For
21		26				59-3350842	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.				- 0	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee Re	
City & State		City & State				8. Election Campaign Financing	\$5.00	May Bo
23		28				Trust Fund Contribution	Added t	
Zip	Country	Zip	Co	ountry		This corporation owes or has paid the cr		
24	25	29	30	,		Personal Property Tax due June 30.		J No
24	9. Name and Address of Curre					10. Name and Address of New Registered		
	JOHN CONIGLIO, P.A.	in regionale regard		81 1	lame	10. Harrio and Macross of tree Hagistote	1 Higgs	
				1,,,	adino.			
104 N. WEBSTER STREET				82 S	treet Add	Iress (P.O. Box Number is Not Acceptable)		
WIL	DWOOD FL 34785							
				B3				
				00				
				84 0	City	FI	85 Zip (Doge
11. Pursuant t	o the provisions of Sections 607 05	02 and 607 1508 Florid	a Statutes, the	above-na	amed cor	poration submits this statement for the purpose		s registered
office or re	egistered agent, or both, in the State	e of Florida. Such chang	je was authoriz	ed by th	e corpora	ition's board of directors. I hereby accept the ap	pointment as	registered
agent. I ar	ท ั fa miliar with, and accept the oblig	ations of, Section 607.0	0505, Florida St	atutes.				
SIGNATURE								
	Signature, typed or printed name of registernd ag				gnature téqu	irco when reinstating) DATE		
12.		ID DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AN		_
TITLE	PID	DEI		TITLE			L Change	L.] Addition
NAME	BURNS, NEAL NEIL		1.2	NAME				}
STREET ADDRESS	7699 COUNTY ROAD 133		1.3	STREET ADD	ORESS			
CITY - ST - ZIP	WILDWOOD FL 34785		1.4	CITY - ST - ZI	iP			
TITLE			2.1 TITLE			Change	Addition	
NAME	BURNS, DAVID		2.2	2.2 NAME				ĺ
STREET ADDRESS	7699 COUNTY ROAD 133			STREET ADO	NDE CC			
	WILDWOOD FL 34785							
CITY-ST-ZIP	VD	DEL		CITY-ST-7	TP		Change	Addition
TITLE	BURNS, RAY	ויין וינו	1	TITLE			La change	Addition
NAME			32	NAME				
STREET ADDRESS	7699 COUNTY ROAD 133		33	STREET ADD	ress			1
CITY-ST-ZIP	WILDWOOD FL 34785			CITY - St - Z	IP			
TITLE		DEL	ETE 41	TITLE			Change	☐ Addition
NAME			4.2	NAME				
STREET ADDRESS				STREET ADD	RESS			1
CITY-ST-ZIP				CITY-S1-ZI				
TITLE		□ 0Et		TITLE	<u>'</u>		Change	Addilion
		v.c.			}		ma onange	LI AUGINION
NAME				NAME	1			1
STREET ADDRESS			5.3	STREET ADD	RESS			
CITY-ST-ZIP				CITY-ST-ZI	Р			
TITLE		☐ DET	ETE 6.1	11TLE			Change	Addition
NAME			6.2	NAME				
STREET ADDRESS			63	STREET AOD	ress			
CITY-ST-ZIP				CITY-\$1-71	1			Į
	ertify that the information supplied w	vith this filing does not n				Section 119.07(3)(i), Florida Statutes, I further of	ertify that the	information
Indicated.	topographic appropriate and company	al appropriate apparent in true		أمأ للمكافرة	ar aineal.	and all have the page level affect the first	والمالية المالية	

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 ar 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.

GNATURE: