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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000025419 (8)

1. Corporation Name
H & R ELECTRICAL CO., INC.

Principal Place of Business	Mailing Address
ROUTE 2 BOX 536 CALLAHAN FL 32011	ROUTE 2 BOX 536 CALLAHAN FL 32011-9713

3. Date Incorporated or Qualified: 03/15/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4456 BURGESS RD	26 4456 BURGESS RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CALLAHAN FL	28 City & State: CALLAHAN FL
24 Zip: 32011 25 Country: USA	29 Zip: 32011 30 Country: U.S.A

4. FEI Number: 59-3369209 ☐ Applied For ☐ Not Applicable

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

LESTER, DON H
218 E ASHLEY ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: GUPTON & GUPTON ACCOUNTANTS
82 Street Address (P.O. Box Number is Not Acceptable): 11127 LEM TURNER RD
83
84 City: JACKSONVILLE FL 85 Zip Code: 32219

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: C.J. GUPTON, 11127 Lem Turner Road.Jax.Fl.32219
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HICKEN, RICHARD P ROUTE 2 BOX 536 CALLAHAN FL 32011	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	4456 BURGESS RD.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLIE, HARRY ROUTE 2 BOX 536 CALLAHAN FL 32011	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D DELILAH A. HICKEN 4456 BURGESS RD CALLAHAN FL 32011	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: Richard P. Hicken RICHARD P. HICKEN 4/25/97 221-9661