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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035848 (6)

GLENN L. HARDING ELECTRICAL CONTRACTOR, INC.

Principal Place of Business Mailing Address 2546 ISLANDER COURT 2546 ISLANDER COURT PALM HARBOR FL 34683 PALM HARBOR FL 34683 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/22/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3376526 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution 23 Żip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name HARDING, GLENN L 2546 ISLANDER COURT Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34683 RA Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE D 1.1 TITLE TITLE HARDING, GLENN L 1.2 NAME NAME 2546 ISLANDER COURT 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHTY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 leport 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 conoration 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 chargedor on an attachment with an address.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

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FILED Apr 06 1998 8:00am Secretary of State

Addition

Change

