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FILED

Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000048490 (2)

1. Corporation Name
ING ELECTRIC MECHANICAL SUPPLY CO., INC.

Principal Place of Business:

2757 WHITE OAK LANE
JACKSONVILLE FL 32207

Mailing Address:

2757 WHITE OAK LANE
JACKSONVILLE FL 32207-4135



2. Principal Place of Business:

21 2121 Corporate Sq. Blvd

State, Apt. #, etc.

22 * 223

City & State

23 Jacksonville FL

Zip

24 32216

Country

25 USA

2a. Mailing Address

26 4555 Mansell Rd.

State, Apt. #, etc.

27 Suite 300

City & State

28 Alpharetta GA

Zip

29 30202

Country

30 USA

3. Date Incorporated or Qualified

06/06/1996

3a. Date of Last Report

4. FEI Number

55-3389090

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

F & L CORP.,
200 LAURA STREET
JACKSONVILLE FL 32202

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 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 for the corporation and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of the person submitting this report is required unless it is applied for)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE	☒ Change ☐ Addition
1.1 TITLE	1.1 TITLE
1.2 NAME	1.2 NAME
1.3 STREET ADDRESS	1.3 STREET ADDRESS
1.4 CITY - ST - ZIP	1.4 CITY - ST - ZIP
2.1 TITLE	2.1 TITLE
2.2 NAME	2.2 NAME
2.3 STREET ADDRESS	2.3 STREET ADDRESS
2.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP
☒ DELETE	☐ Change ☒ Addition
3.1 TITLE	3.1 TITLE
3.2 NAME	3.2 NAME
3.3 STREET ADDRESS	3.3 STREET ADDRESS
3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP
☐ DELETE	☐ Change ☐ Addition
4.1 TITLE	4.1 TITLE
4.2 NAME	4.2 NAME
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4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP
☐ DELETE	☐ Change ☐ Addition
5.1 TITLE	5.1 TITLE
5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS
5.4 CITY - ST - ZIP	5.4 CITY - ST - ZIP
☐ DELETE	☐ Change ☐ Addition
6.1 TITLE	6.1 TITLE
6.2 NAME	6.2 NAME
6.3 STREET ADDRESS	6.3 STREET ADDRESS
6.4 CITY - ST - 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/97

Date

770-521-4255

Display Phone

0032289

CR2E034 (9/96)