

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

FILED

Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000037085 (2)

1. Corporation Name

AARONS ELECTRIC SERVICE, INC.

Principal Place of Business

747 NORTH RIDGE RD
EASTPOINT FL 32328

Mailing Address

747 NORTH RIDGE RD
EASTPOINT FL 32328



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1997

4. FEI Number

59-3446470

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 747 N Ridge Rd

26 P.O. Box 679

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Eastpoint FL 32328

28 Eastpoint FL 32328

Zip

Country

Zip

Country

24 32328

25 Franklin

29 32328

30 Franklin

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIPPENSTEAL, AARON
747 NORTH RIDGE RD
EASTPOINT FL 32328

81 Name

Aaron Hippensteal

82 Street Address (P.O. Box Number is Not Acceptable)

83

747 N Ridge Rd

84 City

Eastpoint

FL

85 Zip Code

32328

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

Aaron C. Hippensteal

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12-6-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME officer:
Street Address Brad Shiver
747 N Ridge Rd
City-ST-ZIP Eastpoint FL 32328

TITLE ☐ DELETE

NAME

Street Address

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

Street Address

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

Street Address

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

Street Address

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

Street Address

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

Street Address

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I 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 in an Attachment with an address.

SIGNATURE: Aaron C. Hippensteal

3-22-98 690-4508

CR2E034 (10/97)