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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

Apr 27 1998 8:00am

Secretary of State

Change

Addition

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P97000085579 (5)

R. G. ELECTRICAL SERVICES, INC.

Principal Place of Business Mailing Address 1296 FORREST AVE. 1296 FORREST AVE. CHIPLEY FL 32428 CHIPLEY FL 32428 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite. Apt #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GEIGER, ROBERT Y 1296 FORREST AVE Street Address (P.O. Box Number is Not Acceptable) CHIPLEY FL 32428 83 84 City 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, approaches the obligations of, Section 607.0505, Florida Statutes. Forsted dates of legislatered agent and little if any succession.

OFFICERS AND DIRECTORS Mose Herieter **SIGNATURE** 

12. (10/97 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CHAIRMAN / PRESIDENT DELETE Addition 1 1 TITLE Change NAME Robert Y. Geigen 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP chipley, fl 32428 TITLE Change 21 TITLE Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP ■ DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

City-ST-ZIP 64 CITY-ST-ZIP 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 eath; 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

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

NAME

required when reinstating)