FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

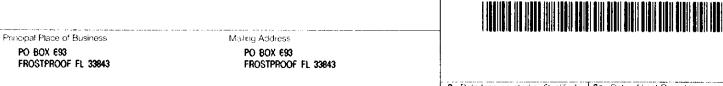
1996

(4)

HANKS ELECTRIC SERVICE, INC.

DOCUMENT #

PO BOX 693



								3. Date incorporated or Qualified 01/01/1991	3a. Date	03/30	t Report /1995
Principal Place of Business The Principal Place of Business			2a	2a. Mailing Address 26			4. FEI Nurriber	L		Applied For	
			26					59-3044821 Not App			Not Applicable
Suite. Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	75 Additional ee Required
23	City & State City & State 23 28			•		Election Campaign Financing Trust Fund Contribution			.00 May Be		
24	Zıp	Country 25	29	Ζιρ	30	ountry		8. This corporation has liability for in Florida Statutes		x unde	rs 199.032,
	9. 1	Name and Address of Cu	rrent Regi	stered Agent				10. Name and Address of New Re	gistered A	lgent	
	DICCINDOTT	TOLL DAVID D				81	Name				
101 EAST WALL STREET					82	82 Street Address (P.O. Box Number is Not Acceptable)					
	FROSTPROC	JF FL 33843				83					
						84	City		FL	85	Zip Code
11	 or registered age 	provisions of Sections 607.0 int, or both, in the State of accept the obligations of	Florida Suc	thichange was au	uthorized by the	ocve i	named corpor oration's boar	ation submits this statement for the purp d of directors. Thereby accept the appoi	ose of cha intment as	nging it registe	ts registered offici red agent. I am

	familiar with, and accept the obligations of, Section 607.0505, Florida Statutes
I	SIGNATURE

	granure, typed or printed name or registered agent and the		hogickinad Agind Signification requires	
12.	OFFICERS AND DIRE	.CIORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE	r HANNO JOHN IV	DELETE	1 1 TiffLE	☐ Change ☐ Addition
NAME	HANKS, JOHN W		1.2 NAME	
STREET ADDRESS	17 LINDA		1.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL		1.4 CITY - ST - ZIP	
TITLE	V DALE LENDERU	DELETE	2 1 TiT. F	Change Adoition
NAME	DALE, KENNETH		2.2 NAME	
STREET ADDRESS	501 \$ FIR AVE		2.3 STREET ADDRESS	
CITY - ST-ZIP	FROSTPROOF FL		2.4 CITY - ST - ZIP	
THELE	S CHELL D	□ DELETE	3 1 TIFLE	☐ Change ☐ Addition
NAME	DALE, SHEILA D		3.2 NAME	
STREET ADDRESS	501 S FIR AVE		3.5 STHEET ADDRESS	
CHY-ST-ZIP	FROSTPROOF FL		3 4 C/TY - 5T - 7/P	
TITLE	I ALEMAN CHICK O	[]] Delete	4 1 TilleF	Change Addition
NAME	HANKS, RUBY G		4.2 NAME	
STREET ADDRESS	17 LINDA		4.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL		4 4 CITY - ST - ZIF	
TITLE		DELETE	5 1 THTLE	Change Addition
NAME			5 2 NAME	
STHEET AUDRESS			5 3 STREET ADDRESS	
City-St-ZiF			5.4 CITY - ST - ZIF	
11ft F		☐ DELETE	6 1 THE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and ooes not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this armual report or supplemental armual 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 alty-diment with an address.

SIGNATURE:

John W. Hanks

1/26/96 Date

(941)635-4404

Daytine Prione #

CR2E034 (12/95)