


FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S23705				(4)	
1. Corporation Name HANKS ELECTRIC SERVICE, INC.					
Principal Place of Business PO BOX 693 FROSTPROOF FL 33843			Mailing Address PO BOX 693 FROSTPROOF FL 33843		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip Country			28 Zip Country		
24 25			29 30		
g. Name and Address of Current Registered Agent					
HIGGINBOTTOM, DAVID B. 101 EAST WALL STREET FROSTPROOF FL 33843				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate officers and directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
13.					
TITLE		P		<input type="checkbox"/> DELETE	
NAME		HANKS, JOHN W		1.1 TITLE	
STREET ADDRESS		17 LINDA		1.2 NAME	
CITY-ST-ZIP		FROSTPROOF FL		1.3 STREET ADDRESS	
TITLE		V		<input type="checkbox"/> DELETE	
NAME		DALE, KENNETH		2.1 TITLE	
STREET ADDRESS		501 S FIR AVE		2.2 NAME	
CITY-ST-ZIP		FROSTPROOF FL		2.3 STREET ADDRESS	
TITLE		S		<input type="checkbox"/> DELETE	
NAME		DALE, SHEILA D		2.4 CITY-ST-ZIP	
STREET ADDRESS		501 S FIR AVE		3.1 TITLE	
CITY-ST-ZIP		FROSTPROOF FL		3.2 NAME	
TITLE		T		<input type="checkbox"/> DELETE	
NAME		HANKS, RUBY G		3.3 STREET ADDRESS	
STREET ADDRESS		17 LINDA		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		FROSTPROOF FL		4.1 TITLE	
TITLE				<input type="checkbox"/> DELETE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE				<input type="checkbox"/> DELETE	
NAME				5.1 TITLE	
STREET ADDRESS				5.2 NAME	
CITY-ST-ZIP				5.3 STREET ADDRESS	
TITLE				<input type="checkbox"/> DELETE	
NAME				5.4 CITY-ST-ZIP	
STREET ADDRESS				6.1 TITLE	
CITY-ST-ZIP				6.2 NAME	
TITLE				<input type="checkbox"/> DELETE	
NAME				6.3 STREET ADDRESS	
STREET ADDRESS				6.4 CITY-ST-ZIP	
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505, Florida Statutes, and that my signature is not required to be notarized. If the information is changed, or an attachment with an address, Block 12 or Block 13 if changed, or an attachment with an address.					
SIGNATURE: Kenneth Dale					