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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporatio	MENT # \$2370	5 (4)			
HANKS	ELECTRIC SERVICE, INC.	•			
Oringinal Disc	o of Business	Mailing Address			
Principal Plac	e or basiness	•			
PO BOX 693 FROSTPROOF	FL 33843	PO BOX 693 FROSTPROOF FL 33843		DO MOT MIDITE IN	TINO ODACE
				DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE
				01/01/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3044821	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		C. Collinguo di Cialdo Dobrico	Fee Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid t	
24	25 g. Name and Address of Curre		30	Personal Property Tax due June 30 10. Name and Address of New Regis	
Line		in neglatica Agen	81 Name	Id. Hame and Address of New Fregra	Jorda Agent
HIGGINBOTTOM, DAVID B. 101 EAST WALL STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FROSTPROOF FL 33843			83		· · · · · · · · · · · · · · · · · · ·
			-	Same Care	
			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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
			Registered Agent signature regularity 13.	red when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE
12.	Р	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	HANKS, JOHN W		1.2 NAME	•	_ • _
STREET ADDRESS	17 LINDA		1.3 STREET ADDRESS	4 '	
CITY-ST-ZIP	FROSTPROOF FL		1.4 CITY - ST - ZIP		
TITLE	V	DELETE	2.1 TITLE	. }	Change Addition
NAME	Dale, Kenneth		2.2 NAME	,	
STREET ADDRESS	501 S FIR AVE		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	FROSTPROOF FL		2. 4 CITY-ST-ZIP	* P	
TITLE	S DME OUTLAD	☐ DELETE	3.1 TITLE	• !	Change Addition
NAME	DALE, SHEILA D		3.2 NAME		
STREET ADDRESS	501 S FIR AVE		3.3 STREET ADDRESS		
TITLE .	FROSTPROOF FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		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-ZIP		
TITLE		DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		Í
CITY-ST-ZIP			5,4 CITY-ST-ZIP		

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 or an attachment with an address.

FILED

Jan 28 1998 8:00am

Secretary of State