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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S55522

(4)

1. Corporation Name

AMERICAN ELECTRICAL SERVICE, INC.

Principal Place of Business

104 W MANGO RD
LAKE WORTH FL 33467

Mailing Address

104 W MANGO RD
LAKE WORTH FL 33467-4820

3. Date Incorporated or Qualified

05/28/1991

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State

23 Zip
24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State

28 Zip
29 Country

30

4. FEI Number

65-0278749

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

STUART, TERRY K.
104 W MANGO RD
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

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

83

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

Signature of the person named as registered agent, and if not applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	12.2	12.3
TITLE	NAME	DELET
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	DELET
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	DELET
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	DELET
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	
TITLE	NAME	DELET
STREET ADDRESS	STREET ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2	13.3
1.1 TITLE	1.2 NAME	Change Addition
1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	
2.1 TITLE	2.2 NAME	Change Addition
2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	
3.1 TITLE	3.2 NAME	Change Addition
3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	
4.1 TITLE	4.2 NAME	Change Addition
4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	
5.1 TITLE	5.2 NAME	Change Addition
5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	
6.1 TITLE	6.2 NAME	Change Addition
6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)