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

**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

S85975

(8)

LANGSTON ELECTRICAL CONTRACTING, INC.

Principal Place of Business Mailing Address							 	1 <b>8</b> 1 1 <b>0</b> 3 <b>0</b> 31 <b>3</b> 31	11 WIDH WID	FF1 W1W10 W1W11 1WW1
6825 PHILLIPS JACKSONVILL			P.O. BOX 24297 JACKSONVILLE FL 322	241						
						3. Date Incorporated or Qualified 10/08/1991 3a. Date of Last Report 05/01/1995				
2. Principal Plac	ce of Business	2a	. Mailing Address				4. FEI Number			Applied For
21		26					NOT APPLICABLE			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee	5 Additional Required
City & State		28	City & State				Election Campaign Financing     Trust Fund Contribution		Add	00 May Be ed to Fees
,Z(p	Country		Žip		untry		8. This corporation has liability for	ntangible ta <b>[]k</b> No	ix under s	s 199.032,
24	25	[29]		30	т		Florida Statutes Yes  10. Name and Address of New R		Acent	
	g. Name and Address of Curren	t Hegi	stered Agent		81	Name	10. Name and Address of New N	egistered	Agein	
LANGSTON, GREGORY O 9744 VICEROY DRIVE EAST					82	<u> </u>	ess (P.O. Box Number is Not Acceptab	le)		
JACKSO	NVILE FL 32257				83					
					84	City		FL	85	Zip Code
			014500 50 50 000	an the eb	<u></u>	named corner	ation submits this statement for the pur		anging its	registered office
or registere	od agent, or both, in the State of Floric h, and accept the obligations of, Secti	ia. Suc	ch change was authoriz	ea by the	corp	oration's boar	rd of directors. I hereby accept the app	ointment as	registere	ed agent. I am
SIGNATURE _	Signature, bypod or printed name of registered agost	and taker	Yappteatre (NC	OTE: Rugistere	d Age	nt signaturo require	d when reinstating)	DATE		
12.	OFFICERS AN	DIRE		13.			ADDITIONS/CHANGES TO OFF			
TITLE	D		Delete	1. 1	TITLE			į	Change	e 🔲 Addition
NAME	LANGSTON, GREGORY O			1.21	NAME					
STREET ADDRESS	9744 VICEROY DRIVE E			1.3 5	STREE	1 ADDRESS				
CITY-ST-ZIP	JACKSONVILE FL					ST-ZIP			T Change	- Fl Addition
TITLE			DELETE		TITLE	i			Change	e [] Addition
NAME					NAME					
STREET ADDRESS				23:	STREE	1 ADDRESS				
CITY-ST-ZIP			ED DELETE			ST-ZIP			Change	e Addition
TITLE			DELETE	i i	TITLE			ļ	Criange	E [] Addition
NAME					NAME	i				
STREET ADDRESS						ET ADDRESS				
CITY-S1-ZIP			DELETE			SI - ZIF			Chang	e [] Addition
₹ITL <del>€</del>			[_] גיבנכונ		TiTLE					, [] !.usu.is
NAME					NAME					
STREET ADDRESS						F ADDRESS				
CITY-ST-ZIP			[ ] DELETE		TITLE	ST-ZIP			Chang	e [] Addition
TITLE			المالية المالية		NAME				•	<del></del>
NAME Order Address						1 ADDRESS				
STREET ADDRESS				1		ST-ZIP				
CITY-ST-ZIP			DELETE		TITLE				Chang	e [] Addition
TITLE			L. Decere		NAME	1				
NAME OTREET ADDRESS						EL AODRESS				
STREET ADDRESS						S1-ZIP				
CITY-ST-ZIP	L	211 41	Control of the Contro	9.0 E	of sto	on not a volde	for the everytion stated in Section 119	07/3\/k\ EI	orida Sta	tutes I further

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 composation 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 Plock 13 if changer, or on an atlachment with an address. / Gregory O. Langston
Signature and Types Chargington Name of Signing Officer or Director /Gregory O. Langston

SIGNATURE: A.L

5/01/96

(904)262-2500

Date Dayt me Phone #