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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V03882

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ISLAND ELECTRICAL SERVICES, INC.

FILED
Apr 09 1997 8:00am
Secretary of State



	ce of Business	Mailing Address								
1400 ISLAND MERRITT ISLA	DR. AND FL 32952	1400 Island or. Merritt Island Fl. 32852-5838								
						3. Date incorporated or C 12/31/1991	ualified		te of Last I 12/1996	Report
2. Pencipal Place of Business 1 Suite, Apt #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.			4. FEI Number 59-3 100392 5. Certificate of Status Desired				pplied For lot Applicabl	
								\$8.75	\$8.75 Additional Fee Required	
City & Sta	ale	City & State	······	 .		Election Campaign Final Trust Fund Contribution	-		\$5.00	May Be
Zip	Country	Zip	├ ──	untry		This corporation has lia Florida Statutes		ntangible Yes [s. 199.032,
<u> </u>	25 9. Name and Address of Curre	29 29 Agent	30	т_		10. Name and Address of				
N A	NOVAN, THOMAS J.	THE FLOGISTIC CONTRACTOR		81	Name					
				dress (P.O. Box Number is Not Acceptable)						
	00 ISLAND DR. :RRITT ISLAND FL 32952			82	Street Add	ress (P.O. Box Number is Not	Acceptabl	ej		
MC	MAIT ISLAND I'C SEESE			83						
				84	City			FL	65 Zip	Code
agent. i SIGNATURE	it to the provisions of Sections 607.05 registered agent, or both, in the Stall am familiar with, and accept the oblig styrator, typed or protect rame of registered as	gations of, Section 607,00	(NOTE: Register	ed Age		red when reinstating)		DATE		
2.		ND DIRECTORS	13.			ADDITIONS/CHANGES	10 OFFIC	EHS ANL		
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AME	DONOVAN, THOMAS J.			NAME				3		
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114 - 21 - 216	MERRITT ISLAND FL					4			•	
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Ido 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 Lam an officer or director of the depopulion 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 2,1997 (407) 452-6382

ne Phone #