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

**PROFIT CORPORATION ANNUAL REPORT** 

1



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

101

## **FILED** May 04 1998 8:00am Secretary of State

| 1.   | R. L. H   | ADDOCK  | # VI/32<br>, ELECTRICAL (   | CONTRACTO  | OR, INC.   |  |                             |   |   |  |
|--|---|---|---|--|--|--|-----------------------------|---|---|--|
| Principal Place of Business  5756 HGHWAY 17 S                            |   |   |   |  | P O BOX 805  |  |                             |   |   |  |
| GREEN COVE SPGS FL 32043   |   |   |   | GREE   | GREEN COVE SPGS FL 32043                                   |  |                             |   | İ   |  |
| U\$  |   |   |   |  | US   |  |                             | *   | DO NOT WRITE IN THIS SPACE  |  |
|  |   |   |   |  |  |  |                             |   | Date Incorporated or Qualified     O2/27/1992   |  |
| _  | Principal Pl  | ncipal Place of Business 2a. Mailing Address  |   |  |  |  |                             |   | 4. FEI Number Applied For   |  |
| 21   | _   |   |   |  | 26   |  |                             |   | 59-3103026 Not Applicable   |  |
| Suite, Apt. #, etc.  |   |   |   |  | Suite, Apt. #, etc.  |  |                             |   | SQ 75 Additional  |  |
| 22   | 22  |   |   | 27   | 27   |  |                             |   | 5. Certificate of Status Desired Fee Required   |  |
|  | City & State  |   |   | City   | City & State   |  |                             |   | 6. Election Campaign Financing \$5.00 May Be  |  |
| 23   |   | 2   |   | 28   |  |  |                             |   | Trust Fund Contribution Added to Fees   |  |
|  | Zip   |   | Country   | Zφ   | •  | Cour   | ntry                        |   | 8. This corporation owes or has paid the current year Intangible  |  |
| 24   |   | 25 Name and Address of Curren                 |   |  | [29] [30]  |  |                             |   | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent   |  |
| HADDOCK, RICHARD L   |   |   |   |  | gistered Agent   |  |                             | 10. Name and Address of New Negistered Agent Name |   |  |
| 5756 HIGHWAY 17 S<br>GREEN COVE SPGS FL 32043                            |   |   |   |  |  |  |                             |   |   |  |
|  |   |   |   |  |  | 82   | Street Add                  | dress (P.O. Box Number is Not Acceptable)         |   |  |
|  |   |   |   |  |  | Ī  | 83                          |   |   |  |
| ·  |   |   |   |  |  |  | 84                          | City  | 85 Zip Code   |  |
|  |   |   |   |  |  | G4 City  |                             |   | FL Sty Code   |  |
|  | agent. I ar   | o the provis<br>aglstered ag<br>m familiar wi | ions of Sections 607.0<br>ient, or both, in the St<br>th, and accept the or | 0502 and 607.1<br>ate of Florida. S<br>oligations of, Se | 508, Florida Stati<br>Ruch change was<br>ction 607.0505, F | utes, the ab-<br>s authorized<br>Florida Statu | ove<br>by<br>ites           | e-named cor<br>the corpora                        | rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered |  |
| SIC  | GNATURE .   | Signature, lyped                              | or pointed name of registered   | agent and life if app                                    | ilicable (NC   | )TE Registered                                 | Ager                        | ni signature requ                                 | jured when reinstaling) DATE  |  |
| 12.  |   |   | <del></del>   | AND DIRECTOR   |  | 13.  |                             |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITL   | E   | VST<br>HADDOCK, LONNIE F.                     |   |  | DELETE 1.1 TI  |  | E                           |   | Change Addition   |  |
| 400 LADINDES   |   |   |   |  |  | 1.2 NAM  | ME                          | ŀ   |   |  |
| STREET ADDRESS  O(DY_ST_2)P  STREET ADDRESS  ORDERN COVE SPRINGS FL 3204 |   |   |   | 22042  | 2  |  |                             | ADDRESS   |   |  |
|  | 1F1 - Q7 - £11  |   |   | L 32043  | 1.4 CIT  |  |                             | T- ZIP  | Change Addition   |  |
| TITL   | ſ   | HADDOCK, RICHARD L                            |   |  |  |  | 2.1 TITLE                   |   | Change Addition   |  |
|  | STREET ADDRESS CITY-ST-ZIP TITLE  TABLEDOCK, RICHARD E  5756 HIGHWAY 17 SOUTH GREEN COVE SPRINGS FL |   |   | ľΗ   |  |  | 2 NAME<br>3 STREET ADDRESS  |   |   |  |
|  |   |   |   |  |  |  |                             |   |   |  |
|  |   |   |   |  | DELETE   |  | 2.4 CITY-ST-ZIP<br>3.1 THLE |   | ☐ Change ☐ Addition   |  |
|  | ME .  |   |   |  | 3 2 NA   |  |                             |   |   |  |
|  | STREET ADDRESS  |   |   | 3.3 STREET   |  | EET A  | ADDRESS                     |   |   |  |
| CITY-ST-ZIP  |   |   |   | 3.4. CITY-ST-ZIP   |  |  | 1-ZIP                       |   |   |  |
| TITL   | TITLE   |   |   | DELETE 4.1 TI  |  | LE   |                             | Change Addition                                   |   |  |
| NAME   |   |   | 4. 2 N  |  |  |  |                             |   |   |  |
| STREET ADDRESS   |   |   | 4.3 STREET AD   |  |  |  |                             |   |   |  |
|  | ITY-ST-ZIP  |   |   | 4.4 CI DELETE 5.1 TI                                     |  |  | r- ZIP                      | Change Addition                                   |   |  |
|  | TITLE NAME  |   |   | DLUKE  |  |  |                             | ☐ Change ☐ Addition                               |   |  |
|  | )   |   |   |  |  | 5.2 NAM  |                             | AUDOCCO   |   |  |
| STREET ADDRESS CITY-ST-ZIP   |   |   |   |  | 5.3 STREET ADDRESS<br>5.4 City-St-Zip                      |  |                             |   |   |  |
| TITLE  |   |   |   | DELETE   | 611171   |  | i gir                       | Change Addition                                   |   |  |
| NAME   |   |   |   | •  | 6.2 NAM  |  |                             |   |   |  |
|  | EET ADDRESS   |   |   |  |  | 1  |                             | ADDRESS   |   |  |
| CITY-ST-ZIP  |   |   |   |  |  | 6.4 CITY - ST - ZIP                            |                             |   |   |  |
|  |   | ertify that th                                | e information supplied  | with this filing   | does not qualify   |  |                             |   | in Section 119.07(3)(i), Florida Statutes. I further certify that the information   |  |

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.