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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # V36685

(8)

LUKE BROTHERS ELECTRIC, INC.

Feb 13 1997 8:00am									
Secretary of State									

EII ED



Principal Place of Business Mailing Address 6136 ATLANTIC BLVD P O BOX 17734 SUITE B JACKSONVILLE FL 32245-7734					1004)				
JACKSONVILLE US	US				_ I			of Last Report 9/1996	
	lace of Business	2a. Mailing Address				4. FEI Number	1 441		Applied For
1622 Hickman Rd 26				····		59-3128407			ot Applicabl
Suite, Apt. #, efc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	sonville F1	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip	. Country	Zip	Cour	itry		6. This corporation has liability for i	ntangible tax	under	s. 199.032,
4 322		29	30				Yes 🔲		
•	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Re	jistered Age	mt	
	E, MICHAEL				- Name				
· 10882 PINE ESTATES ROAD EAST					Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
- JAU	KSONVILLE FL 32218		-	83					
			Į.		<u> </u>				
			- 1	84	City		FL ľ	35 Zip	Code
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida Such change was ations of, Section 607,0505. F	authorized lorida State	i by ti ites.	the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	t the appoin	ment a	s registered
12.	Signature: Typed or printed name of registered age OFFICERS ANI		TE: Registered	Agent	signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	FRS AND D	RECTO	RS IN 12
THLE	P	DELETE	1.1 717	L£				Change	***************************************
NAME	LUKE, MICHAEL W	-	1.2 NA						
STREET ADDRESS	10882 PINE STATES RD E		1.3 STF	REET AT	DORESS				
CITY-ST-7iF	JACKSONVILLE FL		1.4 CIT	Y-ST-	ZIP				
TITLE	V	☐ DELETE	2.1 TIT	LE				Change	Additio
NAME	LUKE, GARY L		2.2 NA	ME]				
STREET ADDRESS	1804 BARTRAM CIR E		2.3 ST	REET AS	DORESS				
CHY-S1-7IP	JACKSONVILLE FL	☐ DELETE	2 4 CI		- ZIP			Change	Additio
TITLE		☐ Officia	3.1 TIT 3.2 NA				L	Change	L Addulin
NAME STREET ADDRESS					DDRESS	.	4.4		
City-St-Zip			1	TY-ST-	1				
TITLE		DELETE	4.1 10					Change	Additio
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STF	REET AI	DDRESS				
C:TY - ST - ZIP			4.4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	5.1 T(T	LE			[Change	Additio
NAME			5.2 NA						
STREET ADDRESS					Doress	•			
C(TY - ST - ZIP		☐ DELETE		Y-\$1-	ZIP			Change	Additi
TITLE		□ OEFE1E	617IT				_	, unange	THE MOUNT
NAME DIDLES ASSESSED			6.2 NA		DODECC				
STREET ADDRESS					DDRESS				
CITY-ST-ZIP	and to that the information cumples	I with this films dose not aug		Y-ST-	,	d in Section 119.07(3)(i) Florida Statute	s I further ce	artify the	at the

I do hereby cert by that the information supplied with this fling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report of supplemental annual report 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 furstee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or or an attack meny with an address.

SIGNATUR

GING OFFICER OF DIRECTOR L. L. L. L. L. Dase Dase Dase Dase Designed Prices &