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Jan 22 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 # **V52635** (2)
1. Corporation Name
MINORITY ELECTRICAL SPECIALIST ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 850 P.O. BOX 850
FORT WALTON BEACH FL 32549-0850 FORT WALTON BEACH FL 32549-0850
US US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified 07/20/1992 3a. Date of Last Report 02/05/1996
4. FEI Number 59-3172146 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
BEDOYA, RUBEN D
6640 AVENUE DE GALVEZ
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent
81 Name Carl T. Hamilton, Sr.
82 Street Address (P.O. Box Number is Not Acceptable) 1090 N. Beal Parkway
83
84 City Fort Walton Beach, FL 85 Zip Code 32547

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 *Carl T. Hamilton, Sr.* Carl T. Hamilton, Sr. 1-8-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE DP ☒ DELETE
NAME BEDOYA, RUBEN DARIO
STREET ADDRESS 6640 AVENUE DE GALVEZ
CITY-ST-ZIP GULF BREEZE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME Carl T. Hamilton, Sr.
1.3 STREET ADDRESS 1090 N. Beal Parkway
1.4 CITY-ST-ZIP Fort Walton Beach, Fl. 32547
2.1 TITLE VP/D ☐ Change ☒ Addition
2.2 NAME Genevieve W. Hamilton
2.3 STREET ADDRESS 1090 N. Beal Parkway
2.4 CITY-ST-ZIP Fort Walton Beach, Fl. 32547
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 is stated 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: *Carl T. Hamilton, Sr.* Carl T. Hamilton, SR. 1-8-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0489707

CR2E034 (9/96)