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Mar 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
P.O. BOX 850
FORT WALTON BEACH FL 32549-0850
US

Mailing Address
P.O. BOX 850
FORT WALTON BEACH FL 32549-0850
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 P.O. Box 1837
Suite, Apt. #, etc.
22
City & State
23 Fort Walton Beach, FL
Zip Country
24 32549 25
2a. Mailing Address
26 P.O. Box 1837
Suite, Apt. #, etc.
27
City & State
28 Fort Walton Beach, FL
Zip Country
29 32549 30

3. Date Incorporated or Qualified
07/20/1992
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CARL T. HAMILTON, SR.
1090 N. BEAL PARKWAY
FT. WALTON BCH FL 32547

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME CARL T. HAMILTON, SR.
STREET ADDRESS 1090 N. BEAL PARKWAY
CITY-ST-ZIP FT. WALTON BCH FL
TITLE VPD
NAME GENEVIEVE W. HAMILTON
STREET ADDRESS 1090 N. BEAL PARKWAY
CITY-ST-ZIP FT. WALTON BCH FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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:

C. T. Hamilton, Sr.

3-12-98

(95) 812-4535

CR2E034 (10/97)