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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V61730

(0)

FILED Feb 03 1998 8:00am Secretary of State

1. Corporation	T HINES ELECTRIC INC.	(0)			
Principal Place of Business Mailing Address 4008 AVENUE K FORT PIERCE FL 34947 FORT PIERCE FL 34947				DO NOT WRITE	
				3. Date Incorporated or Qualified 09/03/1992	IIV THIS STACE
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0357950	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apl. #, etc. 27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of Curre		Country 30	This corporation owes or has pai Personal Property Tax due June Name and Address of New Reg	30. ☑ Yes ☐ No
	IES, DUKE ALBERT	ян марытагас жран	81 Name	10. Name and Address of New Net	Jistered Agent
	08 AVENUE K RT PIERCE FL 34947		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
			84 City		FL 85 Zip Code
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 607.1508, Florida Statute e of Florida. Such change was a gations of, Section 607.0505, Flo	s, the above-named corp uthorized by the corporati rida Statutes	oration submits this statement for the pion's board of directors. I hereby accep	urpose of changing its registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE	: Registered Agent signature require	ed when reinstating)	DATE
12.	The state of the s	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PT	☐ DELETE	1.1 TITLE		Change Addition
NAME	HINES, DUKE A		1.2 NAME		
STREET ADDRESS	4008 AVENUE K		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34947		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		Change Addition
NAME	HINES, VALERIE		2.2 NAME		i
STREET ADDRESS	4008 AVENUE K FT. PIERCE FL 34947		2.3 STREET ADDRESS		
CITY-ST-ZIP	FI. FICHUL FE 34847	DELETE	2.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE		L J DELETE	3.1 TITLE		Change C Addition
NAME OTOGET ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELE TE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		<u></u>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	-	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertily that the information supplied	with this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I f	urther certify that the information

14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Fjorida Statutes. 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.

CIGNATURE.

1/20/54 Chindson