
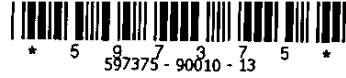


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90010 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 742012		
1. Corporation Name INDEPENDENT ELECTRICAL CONTRACTORS-FWCC, INC.		
Principal Place of Business 9500 KOGER BV STE 103 ST. PETERSBURG FL 33702-9433	Mailing Address 9500 KOGER BV STE 103 ST. PETERSBURG FL 33702-9433	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/16/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1849807
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

SCHMID, THOMAS W. 9500 KOGER BV STE 103 ST PETERSBURG FL 33702	81 Name	10. Name and Address of New Registered Agent	
	82 Street Address (P.O. Box Number is Not Acceptable)		
	83		
	84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCICERO, ANTHONY	1.2 NAME	
STREET ADDRESS	2515 E. HANNA	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOTEN, BUD	2.2 NAME	
STREET ADDRESS	6520 125TH AVE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 00000 34643	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULEO, PAUL	3.2 NAME	
STREET ADDRESS	4301 W SOUTH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000 33614	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHTNER, JERRY	4.2 NAME	
STREET ADDRESS	9500 KOGER BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEDY, CECIL	5.2 NAME	
STREET ADDRESS	1400 STATE RD 37 S	5.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDEMILLER, ED	6.2 NAME	
STREET ADDRESS	7504 PENNSYLVANIA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED** 7/16/99 727-577-7353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)