

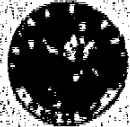
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morfess
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 827877 (2)
1. Corporation Name
**NEW RIVER ELECTRICAL CORPORATION D/B/A NEW RIVER
ELECTRICAL CONTRACTORS, INC**

Principal Place of Business Mailing Address
1701 CLEVELAND AVE SW PO BOX 12886 ROANOKE VA 24029

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/28/1972		3a. Date of Last Report 04/19/1994	
4. FEI Number 54-0562496		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Place of Business	2a. Mailing Address	21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	23 City & State	28 City & State
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
B1 Name		B5 Zip Code	
B2 Street Address (P.O. Box Number is Not Acceptable)		FL	
B3		B4 City	

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRITT, ROBERT B. JR.	1.2 NAME	
STREET ADDRESS	3620 BRITISH WOODS DR.	1.3 STREET ADDRESS	4412 Stayman Road
CITY-ST-ZIP	ROANOKE, VA 00000	1.4 CITY-ST-ZIP	Roanoke VA 24019
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINK, DIANNE A.	2.2 NAME	
STREET ADDRESS	P.O. BOX 61 NA	2.3 STREET ADDRESS	Vinton, VA 24179
CITY-ST-ZIP	VINTON VA	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOELL, CHARLES S	3.2 NAME	
STREET ADDRESS	2201 GRANDIN ROAD S W	3.3 STREET ADDRESS	Roanoke, VA 24015
CITY-ST-ZIP	ROANOKE, VA 00000	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING JR, JAMES A	4.2 NAME	
STREET ADDRESS	7603 SHADWELL DR	4.3 STREET ADDRESS	Hollins, VA 24019
CITY-ST-ZIP	HOLLINS, VA 00000	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLDEN, THOMAS M.	5.2 NAME	
STREET ADDRESS	3448 ANCHORAGE LANE	5.3 STREET ADDRESS	4326 Grandin Road
CITY-ST-ZIP	HILLIARD OH	5.4 CITY-ST-ZIP	Roanoke, VA 24015
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: _____ 3/17/95 (703) 966-1650
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Daytime Phone #)