

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 12866 ROANOKE  
ROANOKE VA 24029**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. <i>One Cloverdale Place</i>		26. <i>P.O. Box 70</i>		<b>04/26/1972</b>	<b>04/19/1995</b>
22. <i>Cloverdale, VA</i>		27. <i>Cloverdale VA</i>		4. FEI Number	Applied For
23. <i>24077</i>		28. <i>24077</i>		<b>54-0562496</b>	Not Applicable
24. Zip		29. Zip		5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
Country		Country		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	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 \_\_\_\_\_ (Print Name of Registered Agent) \_\_\_\_\_ (Print Name of Registered Agent)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		11. TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>ARRITT, ROBERT B. JR.</b>			12. NAME			
STREET ADDRESS	<b>4412 STAYMON RD.</b>			13. STREET ADDRESS	<b>4412 Stayman Road</b>		
CITY-ST-ZIP	<b>ROANOKE VA</b>			14. CITY-ST-ZIP	<b>Roanoke VA 24019</b>		
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE		21. TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>SINK, DIANNE A.</b>			22. NAME			
STREET ADDRESS	<b>P.O. BOX 61 NA</b>			23. STREET ADDRESS	<b>Vinton VA 24179</b>		
CITY-ST-ZIP	<b>VINTON VA</b>			24. CITY-ST-ZIP	<b>Vinton VA 24179</b>		
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE		31. TITLE	<b>President-Director</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>NOELL, CHARLES S</b>			32. NAME			
STREET ADDRESS	<b>2201 GRANDIN ROAD S W</b>			33. STREET ADDRESS	<b>Roanoke VA 24015</b>		
CITY-ST-ZIP	<b>ROANOKE, VA 00000</b>			34. CITY-ST-ZIP	<b>Roanoke VA 24015</b>		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE		41. TITLE	<b>Vice President-Director</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>KING JR, JAMES A</b>			42. NAME	<b>Douglas W. Sink</b>		
STREET ADDRESS	<b>7803 SHADWELL DR</b>			43. STREET ADDRESS	<b>P.O. Box 430</b>		
CITY-ST-ZIP	<b>HOLLINS, VA 00000</b>			44. CITY-ST-ZIP	<b>Shawville, VA 24162</b>		
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE		51. TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WOLDEN, THOMAS M.</b>			52. NAME			
STREET ADDRESS	<b>4326 GRANDIN RD</b>			53. STREET ADDRESS	<b>Roanoke VA 24018</b>		
CITY-ST-ZIP	<b>ROANOKE VA</b>			54. CITY-ST-ZIP	<b>Roanoke VA 24018</b>		
TITLE		<input type="checkbox"/> DELETE		61. TITLE	<b>Vice President-Director</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				62. NAME	<b>Richard C. Furr, II</b>		
STREET ADDRESS				63. STREET ADDRESS	<b>3612 Peter Avenue</b>		
CITY-ST-ZIP				64. CITY-ST-ZIP	<b>Roanoke VA 24014</b>		

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert B. Arritt* **7/20/96** (540) 966-1650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E084 (3/96)