

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

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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<br><b>ONE CLOVERDALE PLACE<br/>                 PO BOX 12000 ROANOKE<br/>                 CLOVERDALE VA 24077<br/>                 US</b> | Mailing Address<br><b>PO BOX 70<br/>                 PO BOX 12000 ROANOKE<br/>                 CLOVERDALE VA 24077-0070<br/>                 US</b> |
|---|---|



|   |  |
|---|--|
| 2. Principal Place of Business<br>21 <i>One Cloverdale Place</i><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 <i>P. O. Box 70</i><br>Suite, Apt. #, etc. |
| 22 <i>Cloverdale VA</i><br>City & State   | 27 <i>Cloverdale VA</i><br>City & State                              |
| 23 <i>24077</i><br>Zip  | 28 <i>24077</i><br>Zip   |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>04/26/1972</b>  | 3a. Date of Last Report<br><b>08/01/1996</b>           |
| 4. FEI Number<br><b>54-0562496</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | \$5.00 May Be Added to Fees                            |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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 |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------|---|---|
| TITLE                      | TD                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ARRITT, ROBERT B. JR. | 1.2 NAME  |   |
| STREET ADDRESS             | 4412 STAYMAN ROAD     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ROANOKE VA            | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SINK, DIANNE A.       | 2.2 NAME  |   |
| STREET ADDRESS             | P.O. BOX 81 NA        | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | VINTON VA             | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | PD                    | 3.1 TITLE   | <input 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                                    |   |
| CITY-ST-ZIP                | ROANOKE VA            | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VPD                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SINK, DOUGLAS W       | 4.2 NAME  |   |
| STREET ADDRESS             | PO BOX 430            | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SHAWSVILLE VA         | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD                    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WOLDEN, THOMAS M.     | 5.2 NAME  |   |
| STREET ADDRESS             | 4326 GRANDIN RD       | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ROANOKE VA            | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VPD                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FURR, RICHARD D III   | 6.2 NAME  |   |
| STREET ADDRESS             | 3612 PITZER AVENUE    | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ROANOKE VA            | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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: *[Signature]* 3/2/97 (54) 916-1152

CR2E034 (9/96)