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May 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 827877

1. Corporation Name
NEW RIVER ELECTRICAL CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business: ONE CLOVERDALE PLACE, CLOVERDALE VA 24077, US
 Mailing Address: PO BOX 70, CLOVERDALE VA 24077, US

3. Date Incorporated or Qualified: 04/26/1972
 4. FEI Number: 54-0562496
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25
 2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

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: **FL** 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 _____ 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	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 61 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 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, with all other like empowered.

SIGNATURE: Robert B. Arritt, Treasurer 4/26/99 (540) 966-1650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)