

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

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**Apr 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002204 (6)
 1. Corporation Name
ENERGY Erectors, Inc.



Principal Place of Business P.O. BOX 491620 LEESBURG FL 34749-1620	Mailing Address P.O. BOX 491620 LEESBURG FL 34749-1620
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3. Date Incorporated or Qualified 04/30/1993	3a. Date of Last Report 04/03/1996
4. FEI Number 39-1363163	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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 **APRIL 15, 1997**

12. OFFICERS AND DIRECTORS

TITLE	CS	<input type="checkbox"/> DELETE
NAME	BRULE, JOYCE S	
STREET ADDRESS	31588 PROGRESS RD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GOLDSWORTHY, EARL E	
STREET ADDRESS	37021 GRAYS AIRPORT RD	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BEERS, WILLIAM	
STREET ADDRESS	38149 HICKORY ST	
CITY-ST-ZIP	FRUITLAND PARK FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MAYNARD, JOHN R	
STREET ADDRESS	411 E WISCONSIN AVE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EARL E. GOLDSWORTHY
2.3 STREET ADDRESS	5461 BLUE CRAB CIRCLE
2.4 CITY-ST-ZIP	BOKEELIA, FL 33922
3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM L. BEERS
3.3 STREET ADDRESS	5329 TWIN PALMS ROAD
3.4 CITY-ST-ZIP	FRUITLAND PARK, FL 34731
4.1 TITLE	SECRETARY, TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JAN M. BOVEE
4.3 STREET ADDRESS	190 HOOVER AVE
4.4 CITY-ST-ZIP	NIAGARA, WI 54151
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: WILLIAM L. BEERS DATE: **APRIL 15, 1997** (352) 787-3878

CR2E034 (9/96)