

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

FILED

**Feb 03 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 # F95000001905 (7)
1. Corporation Name
PORT CITY ELECTRICAL SUPPLY, INC.



Principal Place of Business 612 E 69TH ST SAVANNAH GA 31416 US	Mailing Address 20 N. ORANGE AVENUE, STE 200 ORLANDO FL 32801-4804
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/10/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3305238	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	ONOPA, RONALD F
STREET ADDRESS	612 E 69TH ST
CITY-ST-ZIP	SAVANNAH GA
TITLE	VD <input type="checkbox"/> DELETE
NAME	HALL JR, A S
STREET ADDRESS	20 N. ORANGE AVENUE, STE 200
CITY-ST-ZIP	ORLANDO FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	BLACKFORD, ROBERT N
STREET ADDRESS	2 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	ZEPF, J S
STREET ADDRESS	20 N. ORANGE AVENUE, STE 200
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HUGHES, DAVID H
STREET ADDRESS	20 N. ORANGE AVENUE, STE 200
CITY-ST-ZIP	ORLANDO FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	CLARK, JAY
STREET ADDRESS	20 N. ORANGE AVENUE, STE 200
CITY-ST-ZIP	ORLANDO FL

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DP
2.3 STREET ADDRESS	A STEWART HALL JR
2.4 CITY-ST-ZIP	20 N ORANGE AVE STE 200 ORLANDO FL 32801
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AS
3.3 STREET ADDRESS	BENJAMIN P BUTTERFIELD
3.4 CITY-ST-ZIP	20 N ORANGE AVE STE 200 ORLANDO FL 32801
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DC
5.3 STREET ADDRESS	DAVID H HUGHES
5.4 CITY-ST-ZIP	20 N ORANGE AVE STE 200 ORLANDO FL 32801
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S/AT
6.3 STREET ADDRESS	JAY CLARK
6.4 CITY-ST-ZIP	20 N ORANGE AVE STE 200 ORLANDO FL 32801

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:  **REQUIRED JAY CLARK** **1/14/97** **407-841-4755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)