

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

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90076 046 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # F97000001327**

1. Corporation Name  
**COKEN COMPANY ELECTRICAL CONTRACTORS**

Principal Place of Business Mailing Address  
 150 COLFAX ST. 150 COLFAX ST.  
 PROVIDENCE RI 02905 PROVIDENCE RI 02905



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/17/1997**

4. FEI Number **05-0314729** Applied For  
 Not Applicable

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 2a. Mailing Address

21 **275 West Natick Road** 26 **275 West Natick Road**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Suite 100** 27 **Suite 100**  
 City & State City & State

23 **Warwick, RI** 28 **Warwick, RI**  
 Zip Country Zip Country

24 **02886-1130** 25  29 **02886-1130** 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>BARONE, ELAINE S</b>	
STREET ADDRESS	<b>150 COLFAX ST.</b>	
CITY-ST-ZIP	<b>PROVIDENCE RI 02905</b>	
TITLE	<b>EVPS</b>	<input type="checkbox"/> DELETE
NAME	<b>BELLUCCI, JOSEPH</b>	
STREET ADDRESS	<b>150 COLFAX ST.</b>	
CITY-ST-ZIP	<b>PROVIDENCE RI 02905</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BOLSTER, DOREEN J</b>	
STREET ADDRESS	<b>150 COLFAX ST.</b>	
CITY-ST-ZIP	<b>PROVIDENCE RI 02905</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CARLSON, ERIC B</b>	
STREET ADDRESS	<b>150 COLFAX ST.</b>	
CITY-ST-ZIP	<b>PROVIDENCE RI 02905</b>	
TITLE	<b>VPO</b>	<input type="checkbox"/> DELETE
NAME	<b>LAMBERT, RAYMOND J</b>	
STREET ADDRESS	<b>150 COLFAX ST.</b>	
CITY-ST-ZIP	<b>PROVIDENCE RI 02905</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>COKEN, MYRON</b>	
STREET ADDRESS	<b>150 COLFAX ST.</b>	
CITY-ST-ZIP	<b>PROVIDENCE RI 02905</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>275 West Natick Road, Suite 100</b>
1.4 CITY-ST-ZIP	<b>Warwick, RI 02886-1130</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>275 West Natick Road, Suite 100</b>
2.4 CITY-ST-ZIP	<b>Warwick, RI 02886-1130</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>275 West Natick Road, Suite 100</b>
3.4 CITY-ST-ZIP	<b>Warwick, RI 02886-1130</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>275 West Natick Road, Suite 100</b>
4.4 CITY-ST-ZIP	<b>Warwick, RI 02886-1130</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>275 West Natick Road, Suite 100</b>
5.4 CITY-ST-ZIP	<b>Warwick, RI 02886-1130</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>275 West Natick Road, Suite 100</b>
6.4 CITY-ST-ZIP	<b>Warwick, RI 02886-1130</b>

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:** *Doreen J. Bolster* **SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **J. Bolster** 3/23/99 **DATE** (401) 535-5000 **DAYTIME PHONE #**

CR2E034 (1/198)