


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

00118

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90017 046 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F98000005095

1. Corporation Name
KENDALL ELECTRIC, INC. OF GEORGIA



Principal Place of Business 210 DAHLONEGA ST. SUITE 102 CUMMING GA 30040	Mailing Address 210 DAHLONEGA ST. SUITE 102 CUMMING GA 30040
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2368 Pinnacle Drive Suite, Apt. #, etc. 22 Clayton, GA 23 30525 Rabun	2a. Mailing Address 26 2368 Pinnacle Drive Suite, Apt. #, etc. 27 Clayton, GA 28 30525 Rabun	3. Date Incorporated or Qualified 09/10/1998	4. FEI Number 58-2356930	Applied For 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

GRIFFIN, RANDOLPH C
 1823 E. GULF BEACH DR
 ST GEORGE ISLAND FL 32328

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

TITLE	CP	<input type="checkbox"/> DELETE
NAME	GRIFFIN, VAN	
STREET ADDRESS	210 DAHLONEGA ST, SUITE 102	
CITY-ST-ZIP	CUMMING GA 30040	
TITLE	VCV	<input type="checkbox"/> DELETE
NAME	DICKS, HEARTSILL	
STREET ADDRESS	210 DAHLONEGA ST, SUITE 102	
CITY-ST-ZIP	CUMMING GA 30040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROUCH, LARRY	
STREET ADDRESS	210 DAHLONEGA ST, SUITE 102	
CITY-ST-ZIP	CUMMING GA 30040	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CROUCH, LARRY JR	
STREET ADDRESS	210 DAHLONEGA ST, SUITE 102	
CITY-ST-ZIP	CUMMING GA 30040	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WELCH, JANICE	
STREET ADDRESS	210 DAHLONEGA ST, SUITE 102	
CITY-ST-ZIP	CUMMING GA 30040	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	WELCH, JANICE	
STREET ADDRESS	210 DAHLONEGA ST, SUITE 102	
CITY-ST-ZIP	CUMMING GA 30040	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRIFFIN, VAN	
1.3 STREET ADDRESS	2368 PINNACLE DR	
1.4 CITY-ST-ZIP	Clayton GA 30525	
2.1 TITLE	VCV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DICKS, HEARTSILL	
2.3 STREET ADDRESS	2368 PINNACLE DR	
2.4 CITY-ST-ZIP	CLAYTON GA 30525	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CROUCH, LARRY	
3.3 STREET ADDRESS	2368 PINNACLE DR	
3.4 CITY-ST-ZIP	CLAYTON GA 30525	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CROUCH, LARRY	
4.3 STREET ADDRESS	2368 PINNACLE DR	
4.4 CITY-ST-ZIP	CLAYTON GA 30525	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WELCH, JANICE	
5.3 STREET ADDRESS	2368 PINNACLE DR	
5.4 CITY-ST-ZIP	CLAYTON GA 30525	
6.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WELCH, JANICE	
6.3 STREET ADDRESS	2368 PINNACLE DR	
6.4 CITY-ST-ZIP	CLAYTON GA 30525	

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: Janice Welch 5/14/99 706 782 1712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)