

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H48166 (3)**

1. Corporation Name  
**BATES ELECTRICAL SERVICES, INC.**



Principal Place of Business: **5480 JET PORT IND. BOULEVARD P. O. BOX 262164 TAMPA FL 33685**  
Mailing Address: **5480 JET PORT IND. BOULEVARD P. O. BOX 262164 TAMPA FL 33685**

3. Date Incorporated or Qualified <b>03/20/1985</b>	3a. Date of Last Report <b>02/21/1995</b>
4. FEI Number <b>59-2514390</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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**9. Name and Address of Current Registered Agent**

**GOLDTHORP, WILLIAM B.  
8005 W HIAWATHA ST  
TAMPA FL 33615**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
	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 type for previous or registered agent and title (applicable) (If FEI Registered Agent signature required when registering)

**12. OFFICERS AND DIRECTORS**

1. TITLE	DP	<input type="checkbox"/> DELETE
2. NAME	GOLDTHORP, WILLIAM B.	
3. STREET ADDRESS	8005 W HIAWATHA ST	
4. CITY-ST-ZIP	TAMPA FL	
5. TITLE	D	<input type="checkbox"/> DELETE
6. NAME	SOLLEY, PATRICIA G	
7. STREET ADDRESS	125 W. MARSHALL ST	
8. CITY-ST-ZIP	FALLS CHURCH VA	
9. TITLE	D	<input type="checkbox"/> DELETE
10. NAME	TUPPER, DIANE G.	
11. STREET ADDRESS	217 PRINCE ST	
12. CITY-ST-ZIP	ALEXANDRIA VA	
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY-ST-ZIP	
5. 5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 6. NAME	
7. 7. STREET ADDRESS	
8. 8. CITY-ST-ZIP	
9. 9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 10. NAME	
11. 11. STREET ADDRESS	
12. 12. CITY-ST-ZIP	
13. 13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY-ST-ZIP	
17. 17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. 18. NAME	
19. 19. STREET ADDRESS	
20. 20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 manager 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 or changed or in an attached list with an address.

SIGNATURE: *William B Goldthorp* William B Goldthorp 1/31/96 (813)888-7050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #

CR2E034 (12/95)