

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

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K47793** (0)  
1. Corporation Name:  
**E. B. SIMMONDS ELECTRICAL, INC.**

Principal Place of Business <b>4406 EXCHANGE AVE #105 NAPLES FL 33942</b>	Mailing Address <b>4406 EXCHANGE AVE #105 NAPLES FL 34104-7024</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 <b>34104-7024</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>34104-7024</b>		3. Date Incorporated or Qualified <b>11/29/1988</b>		3a. Date of Last Report <b>05/01/1996</b>	
				4. FEI Number <b>65-0086160</b>		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> 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 <b>SIMMONDS, E. B. 4406 EXCHANGE AVE #105 NAPLES FL 33942</b>				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 <b>34104-7024</b>			
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PC	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SIMMONDS, E. B.</b>			1.2 NAME			
STREET ADDRESS	<b>1014 BROAD AVE N</b>			1.3 STREET ADDRESS	<b>Naples, Fl 34102</b>		
CITY - ST - ZIP	<b>NAPLES FL</b>			1.4 CITY - ST - ZIP			
TITLE	TS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SIMMONDS, LYNE</b>			2.2 NAME			
STREET ADDRESS	<b>1014 BROAD AVE N</b>			2.3 STREET ADDRESS	<b>Naples, Fl 34102</b>		
CITY - ST - ZIP	<b>NAPLES FL</b>			2.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SIMMONDS, EUGENE B SR</b>			3.2 NAME			
STREET ADDRESS	<b>116 VERSAILLE CIR</b>			3.3 STREET ADDRESS	<b>Naples, Fl 34112</b>		
CITY - ST - ZIP	<b>NAPLES FL</b>			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

941 643-2770

Date

Daytime Phone #

CR2E034 (9/96)