

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 MAY -1 PM 2:43

**DOCUMENT # K58648 (2)**

1. Corporation Name

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ELECTRICAL WORKS OF COLLIER COUNTY, INC.**

Principal Place of Business

Mailing Address

1360 PINE STREET  
NAPLES FL 33942

1360 PINE STREET  
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

01/17/1989

04/15/1994

4. FEI Number

65-0168791

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 has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 1100 6th Ave. S.

26 1100 6th Ave. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 221B

27 Ste. 221B

City & State

City & State

23 Naples, FL

28 Naples, FL

24 Zip 33940

25 Country Collier

29 Zip 33940

30 Country Collier

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONELON, THOMAS R.  
4100 CORPORATE SQUARE #108  
NAPLES FL 33942

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPS  
NAME BLEIWEISS, HENRY R.  
STREET ADDRESS 1360 PINE ST.  
CITY - ST - ZIP NAPLES FL

1 1 TITLE  Change  Addition  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY - ST - ZIP

TITLE  
NAME BLEIWEISS, HENRY R.  
STREET ADDRESS 1360 PINE ST.  
CITY - ST - ZIP NAPLES FL

2 1 TITLE  Change  Addition  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3 1 TITLE  Change  Addition  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4 1 TITLE  Change  Addition  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5 1 TITLE  Change  Addition  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6 1 TITLE  Change  Addition  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 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 110.07(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 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: *X Henry R. Bleiweiss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 (813) 263-0003

Date (M, D, Y) (Area Code) Phone No.