

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P30611 (8)

1. Corporation Name

SQUARE ONE ELECTRIC SERVICE COMPANY

95 MAR 21 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

RD #7 BOX 102AB
DOVER DE 19901

RD #7 BOX 102AB
DOVER DE 19901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

08/01/1990

03/22/1994

2. Principal Place of Business

2a. Mailing Address

21 347 Fork Branch Rd.

26 347 Fork Branch Rd

4. FEI Number

Applied For

51-0260828

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

23 DOVER, DE

28 Dover, DE

Trust Fund Contribution

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

24 19904

25 Kent

29 19904

30 Kent

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SAYERS, F.W.
STREET ADDRESS	2240 ARGENTIA ROAD
CITY - ST - ZIP	MASSAUGA ONTARIO CAN
TITLE	V
NAME	CRUMBOCK, EDWARD
STREET ADDRESS	R.D. 7, BOX 102AB
CITY - ST - ZIP	DOVER DE
TITLE	S
NAME	SAYERS, C.M.
STREET ADDRESS	2240 ARGENTIA ROAD
CITY - ST - ZIP	MISSAUGA ONTARIO CAN
TITLE	D
NAME	SAYERS, C.S.
STREET ADDRESS	2240 ARGENTIA ROAD
CITY - ST - ZIP	MISSAUGA ONTARIO CAN
TITLE	D
NAME	SAYERS, S.C.
STREET ADDRESS	2240 ARGENTIA ROAD
CITY - ST - ZIP	MISSAUGA ONTARIO CAN
TITLE	D
NAME	SWACKHAMER, D.R.
STREET ADDRESS	2240 ARGENTIA ROAD
CITY - ST - ZIP	MISSAUGA ONTARIO CAN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	347 FORK BRANCH RD.
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(a), 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 an attachment with an address.

SIGNATURE: *E. Crumbock VP* E. CRUMBOCK 3/15/95 (302)6780400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)