

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

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**Jan 22 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P96000012500 (0)**  
1. Corporation Name  
**BRAD M'S ELECTRIC, INC.**



Principal Place of Business: **1213 RHONDA DRIVE NICEVILLE FL 32578**  
Mailing Address: **1213 RHONDA DRIVE NICEVILLE FL 32578-2215**

3. Date Incorporated or Qualified: **02/09/1996**  
3a. Date of Last Report: [ ]  
4. FEI Number: **59-3362186**  
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: [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country [25]  
2a. Mailing Address: [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country [30]

9. Name and Address of Current Registered Agent  
**METCALFE, BRADLEY G  
1213 RHONDA DRIVE  
NICEVILLE FL 32578**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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: **Bradley G Metcalfe** DATE: **1-7-97**  
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>METCALFE, BRADLEY G</b>	
STREET ADDRESS	<b>1213 RHONDA DRIVE</b>	
CITY-ST-ZIP	<b>NICEVILLE FL 32578</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Ken Bildstein</b>	
2.3 STREET ADDRESS	<b>924 Juniper Av</b>	
2.4 CITY-ST-ZIP	<b>Niceville, FL 32578</b>	
3.1 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Anita Metcalfe</b>	
3.3 STREET ADDRESS	<b>1213 Rhonda Dr</b>	
3.4 CITY-ST-ZIP	<b>Niceville, FL 32578</b>	
4.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Robert Shrewsbury</b>	
4.3 STREET ADDRESS	<b>612 Kathleen Court</b>	
4.4 CITY-ST-ZIP	<b>Niceville, FL 32578</b>	
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 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: **Bradley G Metcalfe** DATE: **1-7-97** (904)729-3044  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (9/96)