

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

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Apr 21 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 # H48166 (3)
1. Corporation Name
BATES ELECTRICAL SERVICES, INC.



Principal Place of Business Mailing Address
5480 JET PORT IND. BOULEVARD 5480 JET PORT IND. BOULEVARD
P. O. BOX 262164 P. O. BOX 262164
TAMPA FL 33685 TAMPA FL 33685-2164

3. Date Incorporated or Qualified 03/20/1985
3a. Date of Last Report 02/07/1996

2. Principal Place of Business 2a. Mailing Address
21 7901 Hopi Place 26 7901 Hopi Place

4. FEI Number 59-2514390
Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State Tampa, FL 28 City & State Tampa, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33634 Country Hillsborough 29 Zip 33634 Country Hillsborough

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name GOLDTHORP, WILLIAM B.
82 Street Address (P.O. Box Number is Not Acceptable) 13810 Cypress Village Circle
83
84 City Tampa FL 85 Zip Code 33624

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDTHORP, WILLIAM B.	12 NAME	GOLDTHORP, WILLIAM B.
STREET ADDRESS	8005 W HIAWATHA ST	1.3 STREET ADDRESS	13810 Cypress Village Circle
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa FL 33624
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLLEY, PATRICIA G	2.2 NAME	
STREET ADDRESS	125 W. MARSHALL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUPPER, DIANE G.	3.2 NAME	
STREET ADDRESS	217 PRINCE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA	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 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 or is changed, or on an attachment, with an address.

SIGNATURE: Date: 4/15/97 (813) 888-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)