

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Oct 07 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P9700020 JTT  
 1. Corporation Name  
 ABLE ELECTRIC INC. P970000 20777

Principal Place of Business: 1900 S. BABCOCK STREET, MELBOURNE, FL. 32901  
 Mailing Address: 1900 S. BABCOCK STREET, MELBOURNE, FL. 32901

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified

21. Principal Place of Business 1900 S. Babcock St.	2a. Mailing Address 1900 S. Babcock St.	4. FEI Number 593430980	Applied For Not Applicable
22. Suite, Apt. #, etc. "B"	26. Suite, Apt. #, etc. "B"	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State Melbourne, Fl.	27. City & State Melbourne, Fl.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 32901	28. Zip 32901	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country U.S.	29. Country U.S.		

9. Name and Address of Current Registered Agent  
 TRACY R. BURNS  
 1900 S. Babcock St. #B  
 Melbourne, Fl. 32901

10. Name and Address of New Registered Agent  
 81 Name: TIMOTHY L. BURNS  
 82 Street Address (P.O. Box Numbers Not Acceptable): 1900 S. Babcock St. #B  
 83  
 84 City: Melbourne FL 85 Zip Code: 32901

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]*  
 Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Tracy R. Burns	
STREET ADDRESS	765 Ontario	
CITY-ST-ZIP	Palm Bay, Fl. 32906	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Lee Burns	
STREET ADDRESS	253 Peregrine Dr.	
CITY-ST-ZIP	Indiatlantic, Fl. 32903	
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

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Timothy L. Burns	
13 STREET ADDRESS	2685 Warren St.	
14 CITY-ST-ZIP	W. Melbourne, Fl. 32904	
21 TITLE	Tracy R. Burns	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Tracy R. Burns	
23 STREET ADDRESS	765 Ontario	
24 CITY-ST-ZIP	Palm Bay, Fl. 32906	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	300002658103	
34 CITY-ST-ZIP	-10/08/98--01058--028	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

*[Handwritten signature and date: 10/7]*

14. I 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 included 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]* DATE: 9-15-98

CR2E034 (5/98)