

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 212505 (2)

1. Corporation Name
SMITH & ROYALS ELECTRIC SUPPLY CO



Principal Place of Business: 11TH @ LIBERTY STREETS, P.O. BOX 3182, JACKSONVILLE FL 32206
Mailing Address: 11TH @ LIBERTY STREETS, P.O. BOX 3182, JACKSONVILLE FL 32206

3. Date Incorporated or Qualified 05/28/1958	3a. Date of Last Report 04/06/1995
4. FEI Number 59-0830132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent
**REEVES, JAMES L.
11TH @ LIBERTY STREETS
JACKSONVILLE FL 32206**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	NAME	1.1 TITLE	S
	REEVES, JAMES L.	1.2 NAME	Christopher M. Howard
STREET ADDRESS	11TH @ LIBERTY STREETS	1.3 STREET ADDRESS	11th @ Liberty Street
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-STATE-ZIP	Jacksonville, FL 32206
TYPE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	HOWARD, ROBERT L.	2.2 NAME	
STREET ADDRESS	11TH @ LIBERTY STREETS	2.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-STATE-ZIP	
TYPE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	REEVES, JAMES L.	3.2 NAME	
STREET ADDRESS	11 LIBERTY ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	3.4 CITY-STATE-ZIP	
TYPE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ROYALS, RONALD V.	4.2 NAME	
STREET ADDRESS	11TH @ LIBERTY STREETS	4.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-STATE-ZIP	
TYPE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	COGBURN, JOSEPH C.	5.2 NAME	
STREET ADDRESS	11TH @ LIBERTY STREETS	5.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	5.4 CITY-STATE-ZIP	
TYPE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(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: *James L. Reeves* DATE: 3/6/96 DAYTIME PHONE: 1-904-354-0100

CR2E034 (12/95)