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FILED

**May 05 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 # 249400 (3)
1. Corporation Name
A C ELECTRIC COMPANY



Principal Place of Business: **4708 W CAYUGA TAMPA FL 33614 US**
Mailing Address: **P O BOX 151775 TAMPA FL 33684-1775 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields.

3. Date Incorporated or Qualified: **07/19/1961**
3a. Date of Last Report: **09/20/1996**
4. FEI Number: **59-0934887**
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

9. Name and Address of Current Registered Agent
**KING, THOMAS R
17320 SHIRLA RAE DR
SPRINGHILL FL 34810**

10. Name and Address of New Registered Agent (81-85)

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

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KING, THOMAS R | |
| STREET ADDRESS | 17320 SHIRLA RAE DR | |
| CITY- ST- ZIP | SPRINGHILL FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | KING, CHARLES E | |
| STREET ADDRESS | 17320 SHIRLA RAE DR | |
| CITY- ST- ZIP | SPRINGHILL FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SHOEMAKER, JAMES R | |
| STREET ADDRESS | 10810 DESOTO RD | |
| CITY- ST- ZIP | RIVERVIEW FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | KING, DONNA J | |
| STREET ADDRESS | 17320 SHIRLA RAE DR | |
| CITY- ST- ZIP | SPRINGHILL FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | KING, SONDR A | |
| STREET ADDRESS | 17320 SHIRLA RAE DR | |
| CITY- ST- ZIP | SPRINGHILL FL | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY- ST- ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | VD SHOEMAKER, JAMES R |
| 3.3 STREET ADDRESS | 10810 DESOTO RD |
| 3.4 CITY- ST- ZIP | RIVERVIEW FL |
| 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-17-97 813 879 1924
Date Daytime Phone #

CR2E034 (9/96)