

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

FILED

Jan 23 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 # 262948 (3)

1. Corporation Name
H & H ELECTRIC CO.

Principal Place of Business
5400 1/2 58TH ST., N. #22A
KENNETH CITY FL 33709

Mailing Address
5400 1/2 58TH ST., N. #22A
KENNETH CITY FL 33709-2036



2. Principal Place of Business 21 5689 70th Ave. N.		2a. Mailing Address 26 6243 44th Ave N.		3. Date Incorporated or Qualified 09/24/1962		3a. Date of Last Report 03/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-0980766		Applied For Not Applicable	
22 City & State 23 Pinellas Park Fl.		27 City & State 28 Kenneth City Fl.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip Country 24 33781 25 USA		Zip Country 29 33709 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HELLER, JUNE L. 6243-44TH AVE., N. KENNETH CITY, FL 33709				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, JUNE L	1.2 NAME	
STREET ADDRESS	6243 44TH AVENUE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENNETH CITY, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, ROBERT F	2.2 NAME	
STREET ADDRESS	6243 44TH AVE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENNETH CITY, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENER, WAYNE M.	3.2 NAME	
STREET ADDRESS	10584 86TH AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	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 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: ROBERT F. HELLER *Robert F. Heller* 1/14/97 813 544 6768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0384895

CR2E034 (9/96)