

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 316656 (8)

1. Corporation Name

ELECTRIC SPECIALTY INCORPORATED



Principal Place of Business

Mailing Address

**1414 SWANN AVE
#201
TAMPA FL 33606
US**

**1414 SWANN AVE
#201
TAMPA FL 33606
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLANCHARD, G. ROBERT, JR.
1414 SWANN AVE. #201
SUITE 715
TAMPA FL 33606**

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

Signature, typed or printed name of registered agent and the taxpayer

(NOTE: Registered Agent signature is required when not shown)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	KINNALLY, BECKY	
STREET ADDRESS	1240 W. LANDSTREET RD.	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	BLANCHARD, ROBERT G.	
STREET ADDRESS	1414 SWANN AVE. 201	
CITY-STATE-ZIP	TAMPA, FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARRIS, MALCOLM C	
STREET ADDRESS	1414 SWANN AVE 201	
CITY-STATE-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLANCHARD, ROBERT G., JR	
STREET ADDRESS	1414 SWANN AVE 201	
CITY-STATE-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ADAMS, SUSIE N	
STREET ADDRESS	1414 SWANN AVE 201	
CITY-STATE-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARROL, MIKE	
STREET ADDRESS	1414 SWANN AVE 201	
CITY-STATE-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: Malden C. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (913) 251-3737
DATE DAYTIME PHONE #

CR2E034 (12/95)