
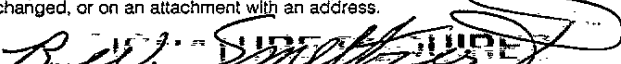


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 26 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 # 477463 (4) 1. Corporation Name PILOT ELECTRICAL CONSTRUCTION COMPANY, INC.					
Principal Place of Business 4155 HIGHWAY AVENUE JACKSONVILLE FL 32205			Mailing Address 4155 HIGHWAY AVENUE JACKSONVILLE FL 32205		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1975	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1593141	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No
25	Country	30	Country	10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent SMELTZER, ROBERT W. JR. 1710 BIG BRANCH RD. MIDDLEBURG FL 32068				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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	DELETE	1.1 TITLE	SECRETARY/TREASURER	
NAME	SMELTZER, JOSEPHINE M.		1.2 NAME	Sabra J. Parrish	
STREET ADDRESS	4155 HIGHWAY AVENUE		1.3 STREET ADDRESS	4155 Highway Avenue	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32254	
TITLE	P	DELETE	2.1 TITLE		
NAME	SMELTZER, WILLIAM R.		2.2 NAME		
STREET ADDRESS	4155 HIGHWAY AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VP	DELETE	3.1 TITLE		
NAME	SMELTZER, ROBERT W. JR.		3.2 NAME		
STREET ADDRESS	4155 HIGHWAY AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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: 

1-13-98 (904) 384-4400

CR2E034 (10/97)