


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 18 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 489798 (9)  
1. Corporation Name  
COLEMAN ELECTRIC COMPANY, INC.



|   |   |
|---|---|
| Principal Place of Business<br>3508 LENOX AVENUE<br>JACKSONVILLE FL 32254 | Mailing Address<br>3508 LENOX AVENUE<br>JACKSONVILLE FL 32254 |
|---|---|

DO NOT WRITE IN THIS SPACE

|                                |            |                        |            |  |                                       |
|--------------------------------|------------|------------------------|------------|--|---------------------------------------|
| 2. Principal Place of Business |            | 2a. Mailing Address    |            | 3. Date Incorporated or Qualified<br>11/19/1975  | 3a. Date of Last Report<br>09/17/1996 |
| 21                             |            | 26                     |            | 4. FEI Number<br>59-1637123  | Applied For<br>Not Applicable         |
| 22 Suite, Apt. #, etc.         |            | 27 Suite, Apt. #, etc. |            | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                                       |
| 23 City & State                |            | 28 City & State        |            | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |                                       |
| 24 Zip                         | 25 Country | 29 Zip                 | 30 Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUCE, JERRY G.  
RT. 1 BOX 528  
WALDO FL 32694

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          | P              | <input type="checkbox"/> DELETE |
| NAME           | BRUCE, JERRY   |                                 |
| STREET ADDRESS | RT. 1 BOX 528  |                                 |
| CITY-ST-ZIP    | WALDO FL 32694 |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | VP                | <input type="checkbox"/> DELETE |
| NAME           | NORMAN, CARL C.   |                                 |
| STREET ADDRESS | RT. 1 BOX 502     |                                 |
| CITY-ST-ZIP    | MCCLENNY FL 32063 |                                 |

|                    |   |
|--------------------|---|
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | TS                    | <input type="checkbox"/> DELETE |
| NAME           | FLINT, CATHERINE B    |                                 |
| STREET ADDRESS | 8758 MARLEE ROAD      |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32244 |                                 |

|                    |   |
|--------------------|---|
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |   |
|--------------------|---|
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| 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    |   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| 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: Catherine B. Flint

7/14/97 2848062

CR2E034 (4/97)