

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 493208 (3)
1. Corporation Name
MCPHERSON ELECTRICAL CONTRACTORS, INC.

Principal Place of Business 610 QUINCY FL 32351 US		Mailing Address 610 W. JEFFERSON STREET QUINCY FL 32351		3. Date Incorporated or Qualified 12/30/1975		3a. Date of Last Report 05/01/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1637188		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCPHERSON, ROBERT, Sr. 610 W. JEFFERSON STREET QUINCY FL 32351				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							
Signature (typed in presence of registered agent and the taxpayer) _____ (Print Name of Registered Agent) _____ (Signature of registered agent) _____ DATE _____							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME V MCPHERSON, ROBERT G. J STREET ADDRESS RT. 3 BOX 598-A CITY - ST - ZIP HAVANA FL				<input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE NAME S MCPHERSON, VIRGINIA STREET ADDRESS RT 2 BOX 187-B CITY - ST - ZIP QUINCY FL				<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE NAME T MCPHERSON, VIRGINIA STREET ADDRESS RT. 2 BOX 18773 CITY - ST - ZIP QUINCY FL				<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			

SIGNATURE: Virginia McKinnon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

875-1725

CR2E034 (12/95)