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May 13 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 # 637551 (3)

1. Corporation Name

CARCABA ELECTRIC SERVICE, INC.



Principal Place of Business

Mailing Address

93 85 MASTERS DRIVE

ST. AUGUSTINE FL 32095-0127

93

85 MASTERS DRIVE

ST. AUGUSTINE FL 32095-0109

2. Principal Place of Business

21 93 MASTERS DRIVE

Suite, Apt. #, etc.

2a. Mailing Address

26 93 MASTERS DRIVE

Suite, Apt. #, etc.

22 City & State

23 ST. AUGUSTINE

Zip Country

24 32095-0127

25

27 City & State

28 ST. AUGUSTINE

Zip Country

29 32095-0109

30

3. Date Incorporated or Qualified

09/26/1979

3a. Date of Last Report

03/29/1996

4. FEI Number

59-1948786

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CARCABA, JAMES F

220 SPRING STREET 93 MASTERS DR.

ST. AUGUSTINE FL 32095-0127

10. Name and Address of New Registered Agent

81 Name

82 JAMES CARCABA (NEW ADDRESS)

83 Street Address (P.O. Box Number is Not Acceptable)

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 of principal or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V

NAME CARCABA, DEBI L.

STREET ADDRESS 220 SPRING STREET

CITY, ST, ZIP ST. AUGUSTINE FL

21 TITLE DPS

NAME CARCABA, JAMES F.

STREET ADDRESS 220 SPRING ST.

CITY, ST, ZIP ST. AUGUSTINE FL

22 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

23 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

24 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

25 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 829-5368

Date

Daytime Phone #

CR2E034 (9/96)