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Jan 14 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 # 677642 (1)

1. Corporation Name

ROBERTS ELECTRICAL CONTRACTORS, INC.

Principal Place of Business

202 WEST PEACHTREE DR.
LYNN HAVEN FL 32444

Mailing Address

202 WEST PEACHTREE DR.
LYNN HAVEN FL 32444-4626



| | | | | | | | |
|--------------------------------|--|-------------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/01/1980 | | 3a. Date of Last Report 03/01/1996 | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 4. FEI Number 59-2015105 | | Applied For Not Applicable | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Country | | 29. Country | | 30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

ROBERTS, TRAVIS
2518 E. 9TH STREET
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

| |
|--|
| 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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|--|
| TITLE | P | 1.1 TITLE | |
| NAME | ROBERTS, TRAVIS | 1.2 NAME | |
| STREET ADDRESS | 2518 E. 9TH STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LYNN HAVEN FL | 1.4 CITY-ST-ZIP | |
| TITLE | ST | 2.1 TITLE | |
| NAME | STEWART, SARA A | 2.2 NAME | |
| STREET ADDRESS | 4705 6TH ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY FL | 2.4 CITY-ST-ZIP | |
| TITLE | VP | 3.1 TITLE | |
| NAME | RITTENHOUSE, G.T. | 3.2 NAME | |
| STREET ADDRESS | 9011 BETTY LOUISE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 REQUIRED

CR2E034 (9/96)