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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 684634 (9)
1. Corporation Name
B & B ELECTRIC, INC.

Principal Place of Business
1017 HICKORY LANE
HAVANA FL 32333

Mailing Address
1017 HICKORY LANE
HAVANA FL 32333-8552



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/18/1980		3a. Date of Last Report 04/29/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2045523		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired Yes 4464-4/28/97		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

HILL, ROBERT E. SR.
1017 HICKORY LANE
HAVANA FL 32333

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDMD	1.1 TITLE	
NAME	HILL, ROBERT E. SR.	1.2 NAME	
STREET ADDRESS	1017 HICKORY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	HILL, ROBERT E. JR.	2.2 NAME	
STREET ADDRESS	1017 HICKORY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	HILL, BARBARA JEAN	3.2 NAME	
STREET ADDRESS	1017 HICKORY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA 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)(l), 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

4/25/97

(904)
539-7084