## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 826424

(4)

SOUTHERN ELECTRICAL CONTRACTORS, INC.

Principal Place of Business Mailing Address 1100 KIEWIT PLAZA 1100 KIEWIT PLAZA OMAHA NE 68131 OMAHA NE 68131 3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1971 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FLI Number Applied For 63-0413006 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 7ip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes XI No 24 Florida Statutes 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tale if applicable DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) X DELETE Addition Change TITLE 1.11011 KEARNS, ALLEN R. NAME 1.2 NAME 1100 KIEWIT PLAZA STREET ADDRESS 1.3 STREET ADDRESS OMAHA NE CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE RODNEY K. ROSENTHAL NAME 2.2 NAME 1000 KIEWIT PLAZA STREET ADDRESS 23 STREET ADDRESS OMAHA NE CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE CLINE, ROY L NAME 3.2 NAME 1100 KIEWIT PLAZA STREET ADDRESS 3.3 STREET ADDRESS OMAHA NE CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE 4.1 TITLE \_\_\_ Change ■ Addition TITLE ACKERMAN, LEE NAME 4. 2 NAME 1100 KIEWIT PLAZA STREET ADDRESS 4.3 STREET ADDRESS OMAHA NE 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 Title TITEF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZiP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE

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 43 if chapter 607 on an attachment with a pidress.

4-28-87

402-342-2052

FILED

May 13 1997 8:00am

Secretary of State