

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Marchant
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **856550** (9)

95 JAN 19 PM 12:53

1. Corporation Name
STARR ELECTRIC COMPANY, INCORPORATED OF NORTH CAROLINA

Principal Place of Business Mailing Address
**6 BATTLEGROUND CT (27408)
P O BOX 9290
GREENSBORO NC 27429**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	05/25/1983	01/24/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	56-0415238	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$0.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when remaining) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STARR, JOHN D.	1.2 NAME	
STREET ADDRESS	1606 ST. ANDREWS ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	GREENSBORO NC	1.4 CITY- ST- ZIP	27408
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, RICHARD A.	2.2 NAME	
STREET ADDRESS	RT. 5, BOX 474 1/2	2.3 STREET ADDRESS	3660 Briarmeade Road
CITY- ST- ZIP	GREENSBORO NC	2.4 CITY- ST- ZIP	27405
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORRIS, DENNIS R.	3.2 NAME	
STREET ADDRESS	225 OAK FOREST LANE	3.3 STREET ADDRESS	
CITY- ST- ZIP	TRINITY NC	3.4 CITY- ST- ZIP	27370
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNDON, EDWARD H.	4.2 NAME	
STREET ADDRESS	2031 HERITAGE COURT	4.3 STREET ADDRESS	
CITY- ST- ZIP	ASHEBORO NC	4.4 CITY- ST- ZIP	27203
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REAVES, THOMAS L.	5.2 NAME	
STREET ADDRESS	1303 FOREST HILL DRV	5.3 STREET ADDRESS	
CITY- ST- ZIP	GREENSBORO NC	5.4 CITY- ST- ZIP	27410
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered trustee appointed to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, and, on any attachment, with an address.

SIGNATURE: *Thomas L. Reaves* Thomas L. Reaves, Secretary 01-12-95 910-275-0241
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR DATE