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

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

1. Corporation	MENT # 85659 ELECTRIC, INC. OF GEORG	( )	$\neg$		ildi dili ardır əhəri dilər didir əhdir əhəri bəri
Principal Place of Business 313 JANET DRIVE P.O.BOX 2856 VALDOSTA GA 31604		Mailing Address 313 JANET DRIVE P.O.BOX 2856 VALDOSTA GA 31604			
				<ol> <li>Date Incorporated or Qualified</li> <li>05/31/1983</li> </ol>	3a. Date of Last Report 02/20/1995
_2, Principa! Pla 21	ncipal Place of Business 2a. Mailing Address 26			4. FEI Number	Applied For
	Suite, Apt. #, etc. Suite, Apt. #, etc.			58-1233590	Not Applicable
27		<del></del> 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Ζιρι <b>24</b>	Country 25	Ζ <sub>(μ)</sub>	Country 30	8. This corporation has liability for Florida Statutes	
	g. Name and Address of Currer	nt Registered Agent		10. Name and Address of New F	Registered Agent
			81 Name		
BROWNING, EDWIN ,JR. 901 W. BASE ST. MADISON FL 32340			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)	
			83	R3	
MINDIOC	N I L 32340				
			84 City		FL 85 Zip Code
familiar with	i, and accept the obligations of, Sect	ion 607.0505, Florida Statutes	ed by the corporation \$. S.	rporation submits this statement for the purboard of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
12.	signative, typed or printed marile of registered agent.  OFFICERS ANI		Te: Registered Agent signature re 13.		DATE
THILE	PT	DELETE	1 1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	STALVEY, THOMAS E.		1.2 NAME		, _
STHEFT ADDRESS	RT. 5, FRANKLINVILLE RD		1.3 STREET ADDRESS	7008 FLANKLINUI	
Cite St 7IP	VALDOSTA GA		14 CITY - ST - ZIP	VAIdOSTA GM. 3	1602
TI'LE	VS	☐ DELETE	2 1 TITLE		Change
NAME STREET ADDRESS	Stalvey, robert H. Rt. 5, New Bethel Rd.		2.2 NAME		. 3.
City-St ZiF	VALDOSTA GA		2 3 STREET ADDRESS	5219 NEW BETHER VAIdOSTA, FA 31	. Zd.
TILE	VILDOVIA GA	☐ DELETE	2 4 CITY-ST-ZIP 3 1 TITLE	Y 71 100 STA, 671 31	Change Cl Addition
NAM:			3 2 NAME		Change Addition
STREET ADORESS			3 3 STREET ADDRESS		
00Y-SI-ZP			34 CITY-ST-ZIP		
THE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STHEET ACORESS			4 3 STREET ADDRESS		
CITY - \$1 - ZIP		FI DELETE	4 4 CITY - ST - ZiP		
TIDLE NAME		☐ DELETE	5 1 TIFLE		☐ Change ☐ Addition
STREET ADDRESS			5 2 NAME		
CITY - ST - ZIF			5 3 STREET ADDRESS		
THE	· ···	□ DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition
NAME			6 2 NAME		C cutouite C variation
STREET ADORESS			6 3 STREET ADDRESS		
City St-ZiP			6 4 CITY- ST-ZIP		
14. I do hereby	certify that the information supplied v	vith this filing is voluntarily furn		ity for the exemption stated in Section 119	07/2VIA) Florida Statidae 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 just inged, or on an attachment with an address.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

3/6/96

912-244 9288