


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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F00477** (2)

1. Corporation Name
FLORIDA ELECTRICAL RESOURCES, INC.

Principal Place of Business 2303 N. AIRPORT ROAD PLANT CITY FL 33567	Mailing Address P.O. BOX 157 PLANT CITY FL 33564-0157
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/06/1980	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.	4. FEI Number 59-2036886		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" 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	8. 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 MCWHIRTER, JOHN W JR 100 N. TAMPA ST., SUITE 2800 TAMPA FL 33602-5126		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 FL	

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWHIRTER, JOHN W JR	1.2 NAME	
STREET ADDRESS	100 N. TAMPA ST., STE 2800	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33602-5126	1.4 CITY - ST - ZIP	
TITLE	PDS <input type="checkbox"/> DELETE	2.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSHEA, KENNETH R	2.2 NAME	Bushea, Kenneth R.
STREET ADDRESS	2303 NORTH AIRPORT ROAD	2.3 STREET ADDRESS	2303 N. Airport Road
CITY - ST - ZIP	PLANT CITY FL	2.4 CITY - ST - ZIP	Plant City, FL 33567
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEELIG, CHRISTOPHER W.	3.2 NAME	Seelig, Christopher W.
STREET ADDRESS	6602 PEMBERTON SAGE CT	3.3 STREET ADDRESS	6602 Pemberton Sage Ct.
CITY - ST - ZIP	SEFFNER FL	3.4 CITY - ST - ZIP	Seffner, FL 33584
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Tittel, Harry J.
STREET ADDRESS		4.3 STREET ADDRESS	3210 Fairmont Place
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Haines City, FL 33844
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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:  **Christopher W. Seelig** 4/21/97 (813) 752-0958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)