

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

FILED  
Feb 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002502 (3)

1. Corporation Name

ELECTRAMARK OF FLORIDA, INC.



Principal Place of Business 6030-H UNITY DRIVE NORCROSS GA 30071	Mailing Address 6030-H UNITY DRIVE NORCROSS GA 30071-3522
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3. Date Incorporated or Qualified 05/27/1993	3a. Date of Last Report 04/04/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 300 Airport Rd. 27 Suite 104 28 Lawrenceville, GA 29 30245 30 Guinnett
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4. FEI Number 59-2846540	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent CALHOUN, GARY T 2910 WEST WATERS AVE TAMPA FL 33614	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent
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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: Patricia L. Wood Office Admin. 1-27-97  
Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SCHEIDT, RAY D 6030-H UNITY DRIVE NORCROSS GA 30071	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 300 Airport Rd, Suite 104 Lawrenceville, Ga 30245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHEIDT, RITA T 6030-H UNITY DRIVE NORCROSS GA 30071	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 300 Airport Road, Suite 104 Lawrenceville, Ga 30245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALHOUN, GARY T 2910 WEST WATERS AVE TAMPA FL 33614	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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: Patricia L. Wood Office Admin. 1-27-97 770-338-2884  
Signature, typed or printed name of signing officer or director. DATE Daytime Phone #

CR2E034 (9/96)