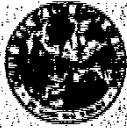


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, IMMEDIATE AMOUNT DUE TO RESTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F93000004625 (0)

1. Corporation Name

H & H COMMERCIAL ELECTRIC COMPANY, INC.

FILED
95 JUL 10 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: PO BOX 6129 SPARTANBURG SC 29304-6129
Mailing Address: PO BOX 6129 SPARTANBURG SC 29304-6129

3. Date Incorporated or Qualified: 10/14/1983
3a. Date of Last Report: 09/27/1994

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 57-0820971
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25
Zip: 29
Country: 30

8. This corporation has liability for intangible tax under a. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STENGEL, JOEL
1000 ACME DR
STEINHATCHIE FL 32350

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 my obligation under, Section 607.0505, Florida Statutes.

SIGNATURE

Joel Stengel
Signature (Hand or Print) of registered agent and the filer if applicable

JOEL STENGEL

(NOTE: Registered Agent signature required when reinstating)

DATE

X 8-22-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPT
NAME	HUTCHINS, HARLEY
STREET ADDRESS	5224 POGUE ST
CITY - ST - ZIP	SPARTANBURG SC
TITLE	VP
NAME	SNODGRASS, J. WILLIAM
STREET ADDRESS	107 SHANNON DRIVE
CITY - ST - ZIP	SPARTANBURG SC 29301
TITLE	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE

Harley Hutchins
SIGNATURE AND PRINTED OR FILLED NAME OF SIGNING OFFICER OR DIRECTOR

HARLEY HUTCHINS
Date: 8-15-95
Phone: 803-587-8471

CR2E034 (3/95)