

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000005817 (2)
1. Corporation Name
GLENN L. PARKER ELECTRICAL CONTRACTORS, INC.



Principal Place of Business
**8108 INDUSTRIAL WAY
COVINGTON GA 30209
US**

Mailing Address
**P.O. BOX 2148
COVINGTON GA 30209
US**

3. Date Incorporated or Qualified **12/22/1993** 3a. Date of Last Report **04/24/1995**

4. FEI Number **58-1976951** Applied For Not Applicable

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

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

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

2. Principal Place of Business
21 []
Suite, Apt. #, etc. []
City & State []
Zip [] Country []

2a. Mailing Address
26 []
Suite, Apt. #, etc. []
City & State []
Zip **30210-2148** Country []

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 607.1506, 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 _____ (Name, Title, and Date of Signature Required in Enclosing) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **PC PARKER, GLENN L**
STREET ADDRESS **1255 SKYLINE DRIVE**
CITY-ST-ZIP **COVINGTON GA**

TITLE DELETE
NAME **VST PARKER, VIRGINIA F**
STREET ADDRESS **1255 SKYLINE DRIVE**
CITY-ST-ZIP **COVINGTON GA**

TITLE DELETE
NAME []
STREET ADDRESS []
CITY-ST-ZIP []

TITLE DELETE
NAME []
STREET ADDRESS []
CITY-ST-ZIP []

TITLE DELETE
NAME []
STREET ADDRESS []
CITY-ST-ZIP []

TITLE DELETE
NAME []
STREET ADDRESS []
CITY-ST-ZIP []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1 1 TITLE Change Addition
12 NAME []
13 STREET ADDRESS []
14 CITY-ST-ZIP []

2 1 TITLE Change Addition
22 NAME []
23 STREET ADDRESS []
24 CITY-ST-ZIP []

3 1 TITLE Change Addition
32 NAME []
33 STREET ADDRESS []
34 CITY-ST-ZIP []

4 1 TITLE Change Addition
42 NAME []
43 STREET ADDRESS []
44 CITY-ST-ZIP []

5 1 TITLE Change Addition
52 NAME []
53 STREET ADDRESS []
54 CITY-ST-ZIP []

6 1 TITLE Change Addition
62 NAME []
63 STREET ADDRESS []
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Glenn L. Parker* *P. Punnett* 4-18-96 770 786 3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)