

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 MAY 12 PM 2:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F94000004388 (4)

1. Corporation Name
GB ELECTRICAL, INC.

Principal Place of Business Mailing Address
6101 N. BAKER ROAD P.O. BOX 325
GLENDALE WI 53209 MILWAUKEE WI 53201
US

3. Date incorporated or Qualified 08/24/1994 3a. Date of Last Report 04/26/199

4. FEI Number 39-0964876 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LECHER, THEODORE M	
STREET ADDRESS	6101 N. BAKER RD.	
CITY-ST-ZIP	GLENDALE WI 53209	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FOOTE, ROBERT T JR	
STREET ADDRESS	13000 W. SILVER SPRING DR.	
CITY-ST-ZIP	BUTLER WI 53007	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIM, RICHARD G	
STREET ADDRESS	13000 W. SILVER SPRING DR.	
CITY-ST-ZIP	BUTLER WI 53007	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	ROHR-DALLE, RONDI A	
STREET ADDRESS	6101 N. BAKER RD.	
CITY-ST-ZIP	GLENDALE WI	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ASMUTH III, ANTHONY W.	
STREET ADDRESS	411 E. WISCONSIN AVE., SUITE 2550	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DORSZYNSKI, DOUGLAS R.	
STREET ADDRESS	13000 W. SILVER SPRINGS DR	
CITY-ST-ZIP	BUTLER WI	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
2.2 NAME	Robert C. Arebaecher
2.3 STREET ADDRESS	13000 W Silver Spring Dr
2.4 CITY-ST-ZIP	Butler WI 53007
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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Filing Fee 200.00

14. I do hereby certify that the information furnished 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 registered 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, as applicable, or by an attachment with an address.

SIGNATURE:

[Handwritten Signature]

4/29/97 (114) 781-6600

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT DATE