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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # G06512 ELECTRIC OF TAMPA BA					
Principal Place of Business Mailing Address						ISBEL BIBIL BIBIL BIBIL BIBIL BEBIL BEBIL
3081 PINE STREET CLEARWATER FL 34823 US		2205 N KINGS COVE PT CRYSTAL RIVER FL 34429-5211 US				
					 Date Incorporated or Qualified 10/29/1982 	3a. Date of Last Report 03/06/1996
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	41	26 Cuite Ant # etc			59-2231386	Not Applicable \$8.75 Additional
		Suite, Apt. #, etc.	i. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	<u> </u>	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for i	
24	25		30			Yes No
ļ	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent
	EY, LLOYD A.		"	Name		
2205 N KINGS COVE PT				Street Add	ress (P.O. Box Number is Not Acceptab	le)
CRYSTAL RIVER FL 34429			63			
			84	City		FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stat rn familiar with, and accept the oblig signature, typed or proved harmond registers as	gations or, Section 607.0505, Fig	лна зашев.		oration submits this statement for the p lion's board of directors. I hereby accep and when renstating)	urpose of changing its registered of the appointment as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	GILLEY, LLOYD A.		1.2 NAME			
STREET ADDRESS	2205 N KINGS COVE PT		1.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL		1.4 CITY - ST - ZIP			
TITLE	ST DELETE		2.1 TITLE		Change A	
NAME	GILLEY, JAMES		2.2 NAME			
STREET ADDRESS	3081 PINE ST		2.3 STREET A			
CITY-ST-ZIP	CLEARWATE FL	E DELLE	2. 4 CITY - ST	- ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE			C change C Addition
NAME			3.2 NAME	202000		
STREET ADDRESS			3.3 STREET A	i		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST 4.1 TITLE	- /112		Change Addition
NAME			4.2 NAME			
STREET ADDRESS	•		4.3 STREET A	DORESS		
CITY-ST-ZIP			4.4 CITY - ST			
TITLE		DELETE	5.1 TITLE	· - "··		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET A	DDRESS		
CITY-ST-ZIP			5.4 CITY - ST	1		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			

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 trusted 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 man attachment with an address. 813

6.3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

97-4937

FILED

Sep 16 1997 8:00am

Secretary of State