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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 09 1997 8:00am

Secretary of State

Daytime Frione #

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G23477

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BEST ELECTRICAL CONSTRUCTION, INC.

Developed Olegan											81811 (\$99)
Principal Place	e of Busines	s	Ma	ailing Address				-	. #1#15 #1#11 (BIÐII ÐIÐII EIÐII	
P O BOX 638 CAPE CORAL FL 33910				P O BOX 638 CAPE CORAL FL 33910-0638							
								3. Date Incorporated or Qualified 02/10/1983		Date of Last F 01/1996	Report
2. Principa Place of Business				2a. Mailing Address				4. FEI Number Applied For			pplied For
21 9300 Henderson GRADE RO				26 9300 Hendersen Grede Ro				59-2254283			ot Applicable
Suite Apt. #. etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	Additional		
City & State		A.14101WA.W.TU.FU.FU M.I WORDINFORD AND I MALEU	27	City & State				6 Floring Organics Floring			equired
3 N FT M	. 4	FL	28	N.F. Myors	FC			6. Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
Zip	y., / _	Country USA	12017	Zip		untry	USA	8. This corporation has liability for			
339/	7	25	29	337/7	30		P		Yes		, , , , , , , , , , , , , , , , , , , ,
	9. Name	and Address of Cur	rent Regis	tered Agent				10. Name and Address of New R	egistered	Agent	
	kwa, davi					81	Name				
		ON GRADE ROAD				82	Street Add	ress (P.O. Box Number is Not Accepta	ible)		
NORT	TH FORT N	AYERS FL 33917									
						83					
						84	City			85 Zip	Code
						$\perp \perp$			FL		
11. Pursuant to office or re	to the provis egistered ac	ions of Sections 607.0 ient, or both, in the St	0502 and 61 late of Floric	07.1508, Florida Stat da. Such change wa	utes, the a s authorize	above- ed by !	named corp the corporal	poration submits this statement for the tion's board of directors. I hereby according to the control of the con	purpose o	ot changing i pointment as	ts registered registered
anont La	m familiar w	ith, and accept the ob	oligations of	Section 607 0505 I	Florida Sta	atutes.	•	•		•	•
agent. Fai				, 00011011 001:0000, 1							
SIGNATURE							:		DATE		
SIGNATURE		or printed riame of registered	l agent and title	if applicable (N	OTE: Register	ed Agent	:	ired when reinstating)	DATE	ID DIRECTO	RS IN 12
			l agent and title	if applicable (N	OTE: Register	ed Agent	:			ID DIRECTO	
SIGNATURE	Salver spec	or printed riame of registered	l agent and title	if applicable (N	OTE: Register 13	ed Agent	:	ired when reinstating)			
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