

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:14

DOCUMENT # **H48166** (3)

1. Corporation Name  
**BATES ELECTRICAL SERVICES, INC.**

Principal Place of Business	Mailing Address
5480 JET PORT IND. BOULEVARD P. O. BOX 262164 TAMPA FL 33685	5480 JET PORT IND. BOULEVARD P. O. BOX 262164 TAMPA FL 33685

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/20/1985</b>	3a. Date of Last Report <b>02/22/1994</b>
4. FEI Number <b>59-2514390</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
		30	Country

9. Name and Address of Current Registered Agent

**GOLDTHORP, WILLIAM B.  
8005 W HIAWATHA ST  
TAMPA FL 33615**

10. Name and Address of Now Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

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 the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>GOLDTHORP, WILLIAM B.</b>
STREET ADDRESS	<b>8005 W HIAWATHA ST</b>
CITY- ST- ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>SOLLEY, PATRICIA G</b>
STREET ADDRESS	<b>125 W. MARSHALL ST</b>
CITY- ST- ZIP	<b>FALLS CHURCH VA</b>
TITLE	<b>D</b>
NAME	<b>TUPPER, DIANE G.</b>
STREET ADDRESS	<b>2645 N VAN DORN ST #101</b>
CITY- ST- ZIP	<b>ALEXANDRIA VA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>217 PRINCE ST.</b>
3.4 CITY- ST- ZIP	<b>ALEXANDRIA, VA 22314</b>
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 included on this annual report or biennial 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 applicable, or in an attachment with an address.

SIGNATURE: *[Signature]*  
 \_\_\_\_\_  
 TITLE: **25 JAN 95** DAY: **813-888-7450**  
 NAME: **BILL GOLDTHORP**