


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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H48166 (3)
 1. Corporation Name
BATES ELECTRICAL SERVICES, INC.

Principal Place of Business 5480 JET PORT IND. BOULEVARD P. O. BOX 262164 TAMPA FL 33685	Mailing Address 5480 JET PORT IND. BOULEVARD P. O. BOX 262164 TAMPA FL 33685-2164
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2. Principal Place of Business 21 7901 Hopi Place Suite, Apt. #, etc.		2a. Mailing Address 26 7901 Hopi Place Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/20/1985	3a. Date of Last Report 02/07/1996
22 City & State Tampa, FL		27 City & State Tampa, FL		4. FEI Number 59-2514390	Applied For <input type="checkbox"/> Not Applicable
23 Zip 33634		28 Zip 33634		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country Hillsborough		29 Country Hillsborough		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GOLDTHORP, WILLIAM B.
8005 W HIAWATHA ST
TAMPA FL 33615

10. Name and Address of New Registered Agent
81 Name
GOLDTHORP, WILLIAM B.
82 Street Address (P.O. Box Number is Not Acceptable)
13810 Cypress Village Circle
83
84 City
Tampa
FL
85 Zip Code
33624

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDTHORP, WILLIAM B.	12 NAME	GOLDTHORP, WILLIAM B.
STREET ADDRESS	8005 W HIAWATHA ST	13 STREET ADDRESS	13810 Cypress Village Circle
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa FL 33624
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLLEY, PATRICIA G	22 NAME	
STREET ADDRESS	125 W. MARSHALL ST	23 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VA	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUPPER, DIANE G.	32 NAME	
STREET ADDRESS	217 PRINCE ST	33 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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 or is changed, or on an attachment with an address.

SIGNATURE:  **William B Goldthorp** **4/15/97 (813) 888-7050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0371221

CR2E034 (9/96)