FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

% THOMAS STEVEN THOMAS

720 OLD COLUMBIA CITY RD

2. Principal Place of Business

Suite, Apl. #, etc.

City & State

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LAKE CITY FL 32024



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H65798

(1)

% THOMAS STEVEN THOMAS RTE 4. BOX 596K

LAKE CITY FL 32024-9500

Suite, Apt. #, etc

2a. Mailing Address

City & State

2ip **29**

27

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Mailing Address

STEVE THOMAS ELECTRIC. INC.

Country

9. Name and Address of Current Registered Agent

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THOMAS, THOMAS STEVEN ROUTE 4, BOX 596K

LAKE CITY FL 32024

Secretary of State 3. Date Incorporated or Qualified 3s. Date of Last Report 07/10/1985 04/01/1996 4. FEI Number Applied For 59-2549305 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financino Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes \(\sum \cong \ Street Address (P.O. Box Number is Not Acceptable) City 85 Zip Code (96/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change

FILED

Apr 02 1997 8:00am

11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above hamed corporation submits this statement for the purpose of changing its registered of fine 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 607,0508. Florida Statutes. SIGNATUR! *# on or priors dimines of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE TETLE 1.1 THUE THOMAS, THOMAS STEVEN 1.2 NAME RTE 4, BOX 596K 1.3 STREET ADDRESS ST-EET ADDRESS LAKE CITY FL 1.4 CiTY-ST-ZIP CITY: \$5:700 DELETE 21 TITLE Change Addition MILE THOMAS, ELAINE W. 2.2 NAME MM **RTE 4, BOX 596K** 2.3 STREET ADDRESS STREET ADDRESS LAKE CITY FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THE 3.2 NAME MAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP C/14 - \$1 - 2/F Change Addition DELETE 41 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 City - St - 7iP Change Addition DELETE 51 TITLE TIT, F 5.2 NAME NAVS 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST ZIP DELETE Change Addition 6.1 TITLE HUE NAMi 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS CHY SL-7P 6.4 CITY - ST-ZIP

Country

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83 84

14. I do hereby certify that the information supplied with this filling 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 eath; that Lam an otherer 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 changed, or on an attachment with an address.

SIGNATURE: V

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Thomas Steven Thomas 1-2

1-28-97 904-752-5125