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FILED

Feb 21 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J24259

(0)

1. Corporation Name  
ATLANTIC COAST ELECTRIC, INC.Principal Place of Business  
418 MARGARET STREET  
JACKSONVILLE FL 33204Mailing Address  
P O BOX 26342  
JACKSONVILLE FL 32226-6342  
US

2. Principal Place of Business

2a. Mailing Address

21 17458 ELSINORE DR.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Jacksonville, FL

28

Zip

Country

Zip

Country

24 32226

25

DUAL

29

30

9. Name and Address of Current Registered Agent

POWELL, KEITH G.  
418 MARGARET STREET  
JACKSONVILLE 32204

10. Name and Address of New Registered Agent

81 Name KEITH G. POWELL  
82 Street Address (P.O. Box Number is Not Acceptable)  
17458 ELSINORE DR.  
83  
84 City Jacksonville FL 85 Zip Code 32226

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 KEITH G. POWELL, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

2/17/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP  
NAME POWELL, KEITH G.  
STREET ADDRESS 17458 ELSINOR DR  
CITY - ST - ZIP JACKSONVILLE FL  
DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Change AdditionTITLE VD  
NAME TANNER, BILLY J.  
STREET ADDRESS ROUTE 3, BOX 613  
CITY - ST - ZIP HAVANA FL  
DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
Change AdditionTITLE T  
NAME VARNES, THERESA T.  
STREET ADDRESS 2847 JEWELL RD  
CITY - ST - ZIP JACKSONVILLE FL  
DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
Change AdditionTITLE SD  
NAME POWELL, PHYLLIS B.  
STREET ADDRESS 17458 ELSINOR DR  
CITY - ST - ZIP JACKSONVILLE FL  
DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
Change Addition

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 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: Keith G. Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97 (904) 757-8759

Date Daytime Phone #

CR2E034 (9/96)