
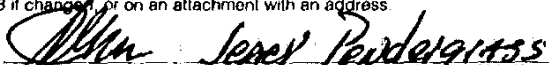


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K11045 (7)				
1. Corporation Name ELECTRICAL TESTING SERVICE, INC.				
Principal Place of Business 11458 WINGATE RD N JACKSONVILLE FL 32218 US		Mailing Address 11458 WINGATE RD N JACKSONVILLE FL 32218 US		
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/07/1988
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2859737
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Name and Address of Current Registered Agent PENDERGRASS, JERRY G. 11458 WINGATE RD N JACKSONVILLE FL 32218				10. Name and Address of New Registered Agent
				81 Name
				82 Street Address (P.O. Box Number is Not Acceptable)
				83
				84 City
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>				
12. OFFICERS AND DIRECTORS				
TITLE	PD	<input type="checkbox"/> DELETE		
NAME	PENDERGRASS, JERRY G.			
STREET ADDRESS	11458 WINGATE RD N			
CITY-ST-ZIP	JACKSONVILLE FL			
TITLE		<input type="checkbox"/> DELETE		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE		
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 type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY-ST-ZIP				
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 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:  Jerry G. Pendergrass 4/14/98 904-765-5326				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037272</small>				

CR2E034 (10/97)