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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K53336

(9)

M & C ELECTRIC OF LAKE CITY, INC.

**FILED** Apr 23 1997 8:00am Secretary of State



Principal Place of Business  RT. 1 BOX 241  LAKE CITY FL 32055  US		RT. 1 BOX 241	LAKE CITY FL 32055-9901		Date Incorporated or Qualified			
					12/19/1988	04/17/1996		
	ace of Business	2a. Mailing Address	۸. ۵		4. FEI Number		Aı	oplied For
Color And A color					59-2938534			ot Applicable
Suite, Apt. #, etc.		<b></b> -γ	Suite, Apt #, etc.		5. Certificate of Status Desired			Additional equired
City & State		City & State			6. Election Campaign Financing			May Be
23]		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	y	8. This corporation has liability for			. 199.032,
24	25   9. Name and Address of Cur	29	[30]		Florida Statutes L  10. Name and Address of New Re	Yes h		
DECL		totit ushisteisn väett	61	Name	10. Name and Address of New Ad	Alatalog vão		
DECKER, ANDREW J., III 320 WHITE AVENUE					70 C D N N N N N N N N N N N N N N N N N N	-1-1		
	OAK FL 32060		82	Street A	ddress (P.O. Box Number is Not Acceptat	Ne)		
	· · · · · · · · · · · · · · · · · · ·		83			······		
			84	City		8	5 Zip	Code
			}		orporation submits this statement for the p	FL	1	
engine i tu			com consulto		oration's board of directors. I hereby acce			
SIGNATURE	Signature, typed or printic imame of registered	3 agent and title # applicable (NC		ent signature re	equired when reinstating)	DATE		<u></u>
		AND DIRECTORS		ent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICE		RECTO	9S IN 12
	OFFICERS .	AND DIRECTORS  DELETE	OTE: Registered Ag	ent signature re	<u> </u>	CERS AND DI	RECTOR	
12. TILE NAME	D COURSON, CAROLYN ROB	AND DIRECTORS  DELETE	TE Registered Ag  13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICE	CERS AND DI		
12. TILE NAME STEFFE ADDRESS	D COURSON, CAROLYN ROBERT. 1, BOX 241	AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS	ADDITIONS/CHANGES TO OFFICE	CERS AND DI		
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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.

CACULYN ROBERTA COMESON

0019331