FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K62652** **(8)**

1. Corporation Name

ELECTRICAL & MECHANICAL SERVICES, INC.

Principal Place of Business

4218 LOUIS AVENUE
HOLIDAY FL 34691

Mailing Address

7906-1 CLARK MOODY
PORT RICHEY FL 34668
US

3. Date Incorporated or Qualified: **01/27/1989**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2926747** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has activity for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

WINKLES, LONNIE L.
7906-1 CLARK MOODY
PORT RICHEY FL 34668

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 607.0505 and 607.1505, 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

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	WINKLES, LONNIE L.		1 NAME	
STREET ADDRESS	7906-1 CLARK MOODY		1 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL		1 CITY-ST-ZIP	
TITLE	ST	[ ] DELETE	2 TITLE	[ ] Change [ ] Addition
NAME	ELLIS, FRANK		2 NAME	
STREET ADDRESS	7906-1 CLARK MOODY		2 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL		2 CITY-ST-ZIP	
TITLE		[ ] DELETE	3 TITLE	[ ] Change [ ] Addition
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			3 CITY-ST-ZIP	
TITLE		[ ] DELETE	4 TITLE	[ ] Change [ ] Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5 TITLE	[ ] Change [ ] Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		[ ] DELETE	6 TITLE	[ ] Change [ ] Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, accurate and complete. I am executing this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added additional officers or directors.

SIGNATURE: Lonnie L Winkles Pres. LONNIE L WINKLES PRESIDENT 4-25-96 813-847-3722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)