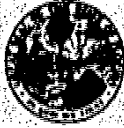


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**95 JUL 10 AM 10:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DOCUMENT # K80806 (8)**

1. Corporation Name  
**MARCO ISLAND ELECTRIC CORPORATION**

Principal Place of Business      Mailing Address  
**C/O JAMES KARL & ASSOCIATES S**      **C/O JAMES KARL & ASSOCIATES S**  
**975 NORTH COLLIER BLVD.**      **975 NORTH COLLIER BLVD.**  
**MARCO ISLAND FL 33937-9773**      **MARCO ISLAND FL 33937-9773**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/17/1989**      **02/15/1994**

4. FEI Number      Applied For  
**39-1642601**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Election Campaign Financing       \$5.00 May Be Added to Fees  
 Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      28 Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

~~HOWELL, JAY~~      Jay Howell      81 Name  
~~C/O JAMES KARL & ASSOCIATES~~      741 Fairlawn Ct.      82 Street Address (P.O. Box Number is Not Acceptable)  
~~975 NORTH COLLIER BLVD~~      Marco Island, FL      83  
 MARCO ISLAND FL 33937      33937      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      Signature, typed or printed name of registered agent and fee if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STP	1.1 TITLE	STP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, JAY	1.2 NAME	JAY E. HOWELL
STREET ADDRESS	960 CHALMER DRIVE	1.3 STREET ADDRESS	741 FAIRLAWN CT.
CITY - ST - ZIP	MARCO ISLAND FL	1.4 CITY - ST - ZIP	MARCO ISLAND, FL 33937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, JAY	2.2 NAME	JAY E. HOWELL
STREET ADDRESS	960 CHALMER DRIVE	2.3 STREET ADDRESS	741 FAIRLAWN CT.
CITY - ST - ZIP	MARCO ISLAND FL	2.4 CITY - ST - ZIP	MARCO ISLAND, FL 33937 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: JAY E. HOWELL / PRESIDENT      Date: JUNE 23, 1995

CR2E034 (3/95)