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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L08489 (1)

1. Corporation Name
RAGLANDS ELECTRICAL, INC.



Principal Place of Business
% WILLIAM CECIL RAGLAND
 485 2ND ST., S.E.
 NAPLES FL 33964

Mailing Address
% WILLIAM CECIL RAGLAND
 485 2ND ST., S.E.
 NAPLES FL 34117-8340

3. Date Incorporated or Qualified **08/09/1989** 3a. Date of Last Report **05/01/1996**

4. FEI Number **65-0135013** 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 liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21. **2130 Wilson Blvd. N.**
 Suite, Apt #, etc.
 22. **Same**

23. City, State **Naples, FL.**
 Zip **34120** Country **Collier**

24. **34120** 25. **Collier** 29. Zip 30. Country

9. Name and Address of Current Registered Agent
RAGLAND, WILLIAM CECIL
 485 2ND ST., S.E.
 NAPLES FL 33964
(DELETE)

10. Name and Address of New Registered Agent
 81. Name **Bobby L Ragland**
 82. Street Address (P.O. Box Number is Not Acceptable) **2130 Wilson Blvd. N.**
 83. **Same**
 84. City **Naples** 85. Zip Code **FL 34120**

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 **Bobby L Ragland Pres.** DATE **3/25/97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAGLAND, WILLIAM CECIL	
STREET ADDRESS	485 2ND STREET, S.E.	
CITY-ST-ZIP	NAPLES FL	
TITLE	Name	<input type="checkbox"/> DELETE
NAME	D LONG, RICHARD	
STREET ADDRESS	3531 3RD AVE. N.W.	
CITY-ST-ZIP	NAPLES 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bobby L Ragland	
1.3 STREET ADDRESS	2130 Wilson Blvd. N.	
1.4 CITY-ST-ZIP	Naples, FL 34120	
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 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: **Bobby L Ragland Pres.** DATE **3/4/97** DAYTIME PHONE # **941-455-7092**

CR2E034 (9/96)