

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

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Feb 27 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 # **L96667** (5)
1. Corporation Name
ENGLEWOOD ELECTRIC, INC.



Principal Place of Business: **180 W. LANGSNER ST. ENGLEWOOD FL 34223**
Mailing Address: **180 W. LANGSNER ST. ENGLEWOOD FL 34223-3220**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/29/1990	3a. Date of Last Report 03/19/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2061489	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DICKINSON, ROBERT A. 460 S. INDIANA AVENUE ENGLEWOOD FL 34223				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 607.0506, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent Signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	11 TITLE	P/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAGER, WILLIAM A		12 NAME	YAGER, DONALD G	
STREET ADDRESS	65 BROADMOOR LANE		1.3 STREET ADDRESS	180 W. LANGSNER ST	
CITY - ST - ZIP	ROTONDA WEST FL		1.4 CITY - ST - ZIP	ENGLEWOOD, FL 34223	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, RICHARD C.		2.2 NAME		
STREET ADDRESS	12117 RICHARDS AVE.		2.3 STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE FL		2.4 CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAGER, WILLIAM A.		3.2 NAME		
STREET ADDRESS	65 BROADMOOR LN		3.3 STREET ADDRESS		
CITY - ST - ZIP	ROTONDA WEST FL		3.4 CITY - ST - ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, RICHARD C		4.2 NAME		
STREET ADDRESS	12117 RICHARDS AVE		4.3 STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE FL		4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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: *Donald Yager* **DONALD YAGER** 2/23/97 (941) 475-9199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)