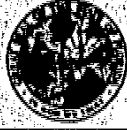


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 28 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L98049** (4)

1. Corporation Name  
**JOHNNY ELECTRIC ELECTRICAL CONTRACTORS, INC.**

Principal Place of Business	Mailing Address
2083 NW 141 ST OPA LOCKA FL 33054	2083 NW 141 ST OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>08/30/1990</b>	3a. Date of Last Report <b>04/18/1994</b>
4. FEI Number <b>65-0223749</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>20855 NE 16 Ave Unit C-6</b>	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>N. Miami Beach, FL</b>	28 City & State
24 Zip <b>33179</b>	29 Zip
Country <b>DADE</b>	30 Country

9. Name and Address of Current Registered Agent

**SAVAGE, CRAIG D.**  
**801 NE 167 ST**  
**SUITE 302A**  
**N MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>SHIRES, JOHN D., III</b>
STREET ADDRESS	<b>2083 NW 141 ST</b>
CITY - ST - ZIP	<b>OPA LOCKA FL</b>
TITLE	<b>SD</b>
NAME	<b>SHIRES, JOSEPH F.</b>
STREET ADDRESS	<b>2083 NW 141 ST</b>
CITY - ST - ZIP	<b>OPA LOCKA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>20855 NE 16 Ave Unit C-6</b>
1.4 CITY - ST - ZIP	<b>N. Miami Beach, FL 33179</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>20855 NE 16 Ave. Unit C-6</b>
2.4 CITY - ST - ZIP	<b>N. Miami Beach, FL 33179</b>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: **John D. Shires III, President** (305)653-1220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR