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FILED

Apr 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003181 (2)

1. Corporation Name

INDEPENDENT ELECTRICAL CONTRACTORS OF SOUTHWEST
FLORIDA, INC.

Principal Place of Business

Mailing Address

94 SECOND STREET SOUTH
NAPLES FL 33940-590994 SECOND STREET SOUTH
NAPLES FL 34102-5909

3. Date Incorporated or Qualified

06/13/1996

3a. Date of Last Report

16 May 97

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCARTHEY, EDWARD F
94 SECOND STREET SOUTH
NAPLES FL 33940-5909

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | TO | <input type="checkbox"/> DELETE |
| NAME | NUSZ, MARVIN | |
| STREET ADDRESS | 4273 ENTERPRISE AVENUE | |
| CITY-ST-ZIP | NAPLES FL 33942 34104 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | LAWTON, DENNIS | |
| STREET ADDRESS | 3984 PROGRESS AVENUE | |
| CITY-ST-ZIP | NAPLES FL 33942 34104 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | RYAN, TIM | |
| STREET ADDRESS | 1246 HILLTOP DRIVE | |
| CITY-ST-ZIP | NAPLES FL 33940- 34102 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BALTERMAN, CINDY | |
| STREET ADDRESS | POST OFFICE BOX 7787 | |
| CITY-ST-ZIP | NAPLES FL 33941-7787 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | VAN DUYN, WILLIAM | |
| STREET ADDRESS | 4273 ARNOLD AVENUE | |
| CITY-ST-ZIP | NAPLES FL 33942 34104 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DETWEILER, TRACY | |
| STREET ADDRESS | 4427 EXCHANGE AVENUE STE C | |
| CITY-ST-ZIP | NAPLES FL 33942- 34104 | |

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | ZIP 34104 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | ZIP 34104 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | ZIP 34102 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 2016-A Trade Center WAY |
| 4.4 CITY-ST-ZIP | NAPLES, FL 34109 |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | ZIP 34104 |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | ZIP 34104 |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068635

CR2E037 (9/96)