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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P03482 (7)

1. Corporation Name

PCM ELECTRICAL CONTRACTORS, INC.



Principal Place of Business

2880 GROVE PARK LN SE
PO BOX 671586
MARIETTA GA 30067

Mailing Address

2880 GROVE PARK LN SE
PO BOX 671586
MARIETTA GA 30067

3. Date Incorporated or Qualified

09/25/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1095 MARIETTA IND. DR

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE B.

27 City & State

23 MARIETTA GA.

28 City & State

24 30062-2445

29 Zip

25 USA

30 Country

9. Name and Address of Current Registered Agent

JOHNSON, OTIS C.
385 S.E. STARFISH AVENUE
PORT ST. LUCIE FL 33452

10. Name and Address of New Registered Agent

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 607.0502 and 607.1505, 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 the taxpayer

(NOTE: Registered Agent Signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	JOHNSON, OTIS C.	
STREET ADDRESS	2880 GROVE PARK LN SE	
CITY- ST- ZIP	MARIETTA GA	
TITLE	TD	☐ DELETE
NAME	JOHNSON, DAVID A.	
STREET ADDRESS	2880 GROVE PARK LANE SE	
CITY- ST- ZIP	MARIETTA GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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:

Otis C. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

770-795-8800

CR2E034 (12/95)