FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P06406** **(3)**

1. Corporation Name

PUTZEL ELECTRICAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
1345 GEORGIA AVE. P. O. BOX 4565 MACON GA 31208	1345 GEORGIA AVE. P. O. BOX 4565 MACON GA 31208

3. Date Incorporated or Qualified: **06/11/1985**
3a. Date of Last Report: **03/06/1995**

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: **58-0515016** ☐ 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

9. Name and Address of Current Registered Agent

DUGHI, JODY P.
1318 ARDSLEY RD.
JACKSONVILLE FL 32207

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 607.1506, 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: Jody P Dughi (Registered Agent Signature required when changing) DATE: 2/9/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVS	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	GORMAN, ALTON R.		12 NAME		
STREET ADDRESS	1017 ASHLEY HALL RD.		13 STREET ADDRESS		
CITY-ST-ZIP	MACON GA		14 CITY-ST-ZIP		
TITLE	P	☐ DELETE	21 TITLE	President	☒ Change ☐ Addition
NAME	PURCEL, MORRIS A.		22 NAME	Morris A Purcel	
STREET ADDRESS	1102 TUCKER RD.		23 STREET ADDRESS	5245 Brandywine Drive	
CITY-ST-ZIP	MACON GA		24 CITY-ST-ZIP	Macon, GA 31210	
TITLE	VP	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BOHN, WILLIAM G.		32 NAME		
STREET ADDRESS	629 HICKORY STICK LANE		33 STREET ADDRESS		
CITY-ST-ZIP	MACON GA		34 CITY-ST-ZIP		
TITLE	T	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	DEESE, ALICE M.		42 NAME		
STREET ADDRESS	459 STEEPLECHASE DRIVE		43 STREET ADDRESS		
CITY-ST-ZIP	MACON GA		44 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	CURENTON, RUFUS B.		52 NAME		
STREET ADDRESS	3821 ROBBINS ROAD		53 STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY AL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			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)(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: Morris A. Purcel 2-9-96 912-743-6260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)