

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

ANNUAL REPORT
1995



SECRETARY OF STATE
DIVISION OF CORPORATIONS
3000 BANKERS BUILDING
TALLAHASSEE, FLORIDA 32399-0001
(904) 487-2000

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:11

DOCUMENT # P09050 (6)
HARVEY UHL ELECTRIC COMPANY

Principal Place of Business **Mailing Address**
3605 CLEVELAND-MASSILLON RD. 3605 CLEVELAND-MASSILLON RD.
NORTON OH 44203 NORTON OH 44203

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/11/1986	3a. Date of Last Report 02/18/1994
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 34-0669322	Applied For Not Applicable
25. State, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
29. State, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GALES, PEGGY A. 2803 19TH STREET W. BRADENTON FL 33505				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. State FL	85. Zip Code

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

(OFFICER OR DIRECTOR SIGNATURE REQUIRED WHEN REGISTERING) (REGISTERED AGENT SIGNATURE REQUIRED WHEN REGISTERING) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	PD GERSTENSLAGER, THOMAS R. 2864 PREMAE DR. AKRON OH	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY & STATE		1.4 CITY-ST- ZIP	
OFFICER	V GERSTENSLAGER, GLEN L. 45970 STEWART RD. WELLINGTON OH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY & STATE		2.4 CITY-ST- ZIP	
OFFICER	ST GERSTENSLAGER, VIRGINIA D 2864 PREMAE DR. AKRON OH	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY & STATE		3.4 CITY-ST- ZIP	
OFFICER		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY & STATE		4.4 CITY-ST- ZIP	
OFFICER		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY & STATE		5.4 CITY-ST- ZIP	
OFFICER		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY & STATE		6.4 CITY-ST- ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation and am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the filing. I have read the filing and it is correct with an address.

SIGNATURE: *Thomas R. Gerstenslager* 00-22-95 1-216-245-9988
(OFFICER OR DIRECTOR SIGNATURE REQUIRED WHEN REGISTERING) DATE DATE