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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P09050

1. Corporation Name
HARVEY UHL ELECTRIC COMPANY



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1986
 4. FEI Number: 34-0669322 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 owes the current year Intangible Personal Property Tax: Yes No

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

9. Name and Address of Current Registered Agent

MOODY, TAMMY D
 4607 19TH ST W
 BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	GERSTENSLAGER, THOMAS R.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GERSTENSLAGER, THOMAS R.	2864 PREMAE DR.	1.2 NAME	
STREET ADDRESS: 2864 PREMAE DR.	AKRON OH	1.3 STREET ADDRESS	
CITY-ST-ZIP: AKRON OH		1.4 CITY-ST-ZIP	
TITLE: VP	GERSTENSLAGER, C. BRENT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GERSTENSLAGER, C. BRENT	286 W COMET RD	2.2 NAME	
STREET ADDRESS: 286 W COMET RD	CLINTON OH 44216	2.3 STREET ADDRESS	
CITY-ST-ZIP: CLINTON OH 44216		2.4 CITY-ST-ZIP	
TITLE: ST	GERSTENSLAGER, VIRGINIA D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GERSTENSLAGER, VIRGINIA D	2864 PREMAE DR.	3.2 NAME	
STREET ADDRESS: 2864 PREMAE DR.	AKRON OH	3.3 STREET ADDRESS	
CITY-ST-ZIP: AKRON OH		3.4 CITY-ST-ZIP	
TITLE:		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 3/30/99 DAYTIME PHONE #: 330 825 9988

CR2E034 (11/98)