

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortfiam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09610

(7)

1. Corporation Name  
R.D. FRANKLIN ELECTRIC, INC.

Principal Place of Business

Mailing Address

891 CENTRAL DRIVE  
P O BOX 3404  
CONCORD NC 28026-3404  
US

891 CENTRAL DRIVE  
P O BOX 3404  
CONCORD NC 28026-3404  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 56-1376900	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITLEY, MICHELLE  
3309 SAN REMO CIR  
HOMESTEAD FL 33035

81 Name  
BOBBY G. COLEMAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
502 FAYETTE CIRCLE, SOUTH  
83  
813-799-8551  
84 City  
SAFETY HARBOR, FL 85 Zip Code  
34695

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

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

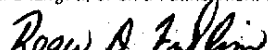
(NOTE: Registered Agent signature required when reinstating)

4-17-98  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, ROGER D.	1.2 NAME	
STREET ADDRESS	527 CAMROSE CIR NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD NC	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, STEVEN	2.2 NAME	
STREET ADDRESS	1705 MT PLEASANT RD W	2.3 STREET ADDRESS	
CITY-ST-ZIP	MRT PLEASANT NC	2.4 CITY-ST-ZIP	
TITLE	CS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, LISA R	3.2 NAME	
STREET ADDRESS	7268 UNIONVILLE BRIEF RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONROE NC	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.

SIGNATURE:



ROGER D. FRANKLIN

5-30-98

704-782-0919

CR2E034 (10/97)