

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000009438 (2)

1. Corporation Name

OKLER ELECTRIC, INC.



Principal Place of Business

Mailing Address

~~171 ARBOR BLVD~~
~~NAPLES FL 33999~~

~~171 ARBOR BLVD~~
~~NAPLES FL 33999~~

2. Principal Place of Business

2a. Mailing Address

21 482 Gordon Rd
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State
23 Naples

27 City & State

24 Zip
33963

25 Country
Collier

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/02/1992

3a. Date of Last Report

03/20/1995

4. FEI Number

65-0371607

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

OKLER, BILL L
171 HARBOR BLVD.
NAPLES FL 33999

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

482 Gordon Rd.

83

84 City

NAPLES

FL

85

Zip Code
33963

11. Pursuant to the provisions of Sections 607.0802 and 607.0808, 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 607.0805, Florida Statutes.

SIGNATURE

[Signature]

(Print: Registered Agent signature required after filing)

05/26/96

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE

PVSD

NAME

OKLER, WILLIAM G JR

STREET ADDRESS

171 ARBOR BLVD

CITY- ST- ZIP

NAPLES FL

482 Gordon Rd
Naples FL 33963

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 or power of attorney 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/26/96
941-597-3037

CR2E034 (12/95)