SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 DOCUMENT # P93000025962 (0) GREG S. YOUNG ELECTRIC, INC. Mailing Address Principal Place of Business 4984 17TH PLACE S.W. 4984 17TH PLACE S.W. NAPLES FL 33999 NAPLES FL 33999 3a. Date of Last Report 3. Date Incorporated or Qualified 06/20/1995 04/05/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0400651 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite. Apt. #, etc Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Z_{10} Country Ζıp Yes No Florida Statutes 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name YOUNG, GREG S Street Address (P.O. Box Number is Not Acceptable) 82 4984 17TH PLACE S.W. NAPLES FL 33999 83 85 Zip Code 84 City Fl 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. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statities. SIGNATURE (NOTE: Registered Agent signature required when re-outhing) Signature, typed or printing came of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 TITLE TITLE 1.2 NAME YOUNG, GREG S NAME 13 STREET ADDRESS 4984 17TH PLACE S.W. STREET ADDRESS 1.4 CITY - ST - ZIP NAPLES FL 33999 Change ____ Addition CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CHTY - \$1 - ZIF CITY - \$1 - ZIP Change Addition DELETE 31 TITLE TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY ST-ZIP CITY-ST-ZIP Change Addition DELETÉ 4 1 7171.5 TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4 4 CITY - S1 - ZIP CITY-ST-ZIF Change Addition DELETE 5.1 HILLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 Cily - ST - ZiP Change Addition CITY-ST-ZIP DELFTE 6 1 TITLE TITLE 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Black 12 or Black 13 if changed, or on an attachment with an address 64 CITY - ST ZIP

MIED NAM OF SIGNING OFFICER OR DIRECTOR

6/8/96 1-1941-455-4701

(3.6)

CR2E034