

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

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98 FEB 19 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000069593 (0)
1. Corporation Name
EDGAR'S ELECTRIC, INC.



Principal Place of Business: 411 LOCHMOND DR. FERN PARK FL 32730
Mailing Address: 411 LOCHMOND DR. FERN PARK FL 32730

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1322 Palm Drive
Suite, Apt. #, etc.
22 City & State: Apopka FLORIDA
Zip: 32703
Country: [Blank]

2a. Mailing Address
26 1322 Palm Drive
Suite, Apt. #, etc.
27 City & State: Apopka, Florida
Zip: 32703
Country: [Blank]

3. Date Incorporated or Qualified: 10/01/1993
4. FEI Number: 59-3204911
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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MALDONADO, EDGARDO
411 LOCHMOND DR.
FERN PARK FL 32730

10. Name and Address of New Registered Agent
81 Name: Kenneth Plate
82 Street Address (P.O. Box Number is Not Acceptable): 1322 Palm Dr
83 [Blank]
84 City: Apopka FL 85 Zip Code: 32703

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 607.0205, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MALDONADO, EDGARDO	
STREET ADDRESS	411 LOCHMOND DR.	
CITY-ST-ZIP	FERN PARK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MALDONADO, SHIRLEY	
STREET ADDRESS	411 LOCHMOND DR.	
CITY-ST-ZIP	FERN PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kenneth Plate	
1.3 STREET ADDRESS	1322 Palm Drive	
1.4 CITY-ST-ZIP	Apopka, FL 32703	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	April Plate	
3.3 STREET ADDRESS	1322 Palm Dr	
3.4 CITY-ST-ZIP	Apopka FL 32703	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****158.75 ****158.75

A. Alan
2/19/98

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: [Signature]

CR2E034 (10/97)