SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P94000050241 (6) B C T ELECTRIC, INC. Mailing Address Principal Place of Business 3310 9TH ST. W. 3310 9TH ST. W. LEHIGH ACRES FL 33971 LEHIGH ACRES FL 33971 3a. Date of Last Report 3. Date incorporated or Qualified 05/01/1995 06/30/1994 Applied For 4. f'El Number 2a. Mailing Address 2. Principal Place of Business 65-0505224 Not Applicable 26 21 \$8.75 Additional Suite Apt #, etc Suite, Apt #, etc 5. Certificate of Status Desired \Box Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be 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 Zip Zio Yes No Florida Stalutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PETERSON, CHRYL Street Address (P.O. Box Number is Not Acceptable) 82 3310 9TH ST. W. LEHIGH ACRES FL 33971 83 Zip Code 85 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE_Registered Agent signature required when reliedating) Signature, typica or profit. In an electrical and a gent and title if applicable (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. P. DELETE 1 1 TIFLE + Peterson TITLE CR2E034 1.2 NAME 9th St.W. PETERSON, BRIAN NAME 1.3 STREET ADDRESS 3310 9TH STREET W. Lenigh, Fl. 33971 STREET ADDRESS 14 CITY - ST-ZIP LEHIGH FL CITY-ST-ZIP Change Addition DEI.ETE 21 TIFLE TITLE 22 NAME PETERSON, CHERYL NAME 2 3 STREET ADDRESS 3310 9TH STREET W. STREET ADDRESS LEHIGH FL 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREFT ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TOTLE TITLE 4.2 NAME NAME 4 3 STREET ACORESS STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP Addition Change DELETE 5.1 HUE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - ZIP CHY-ST-ZIP Change Addition DELETE 6.1 TULE TITLE 6.2 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 1 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 3 ock 12 or Block 13 it changed or on an attachment with an address 64 CITY - ST-ZIP

The on Cheryl Peterson
RINTED NAME OF SIGNING OFFICER OR DIRECTOR

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8-1-96 (941) 368-3656