

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000084638

1. Corporation Name  
*Mabry Brothers Electric, Inc.*

Principal Place of Business Mailing Address  
*406-1 SANKEY DRIVE SAME  
FORT MYERS, FLORIDA 33907*

2. Principal Place of Business 2a. Mailing Address  
21 *SAME AS ABOVE* 26 *SAME AS ABOVE*  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified *NOVEMBER 1, 1995* 3a. Date of Last Report *N/A*  
4. FEI Number *65-0623138* 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 has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
*TIMMIE RAY MABRY  
367 FAIRVIEW AVENUE  
FT. MYERS, FL 33905*

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME *PRESIDENT*  
STREET ADDRESS *TIMMIE RAY MABRY*  
CITY-ST-ZIP *367 FAIRVIEW AVENUE*  
*Fort MYERS, Florida 33905*  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE *VICE PRESIDENT*  Change  Addition  
1.2 NAME *JIMMIE GRAY MABRY*  
1.3 STREET ADDRESS *2510 11th STREET SW*  
1.4 CITY-ST-ZIP *LEHIGH ACRES, Florida 33941*  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Timmie Ray Mabry* 4-26-96 941-936-2335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)