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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT # P96000006768 (1)

HARBOR ELECTRIC SUPPLY, INC.

Principal Place of Business	Mailing Address
631 WEST US 98 Apalachicola fl 32320 US	P.O BOX 39 APALACHICOLA FL 32329 US
Principal Place of Business	2a. Mailing Address
	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.

FILED Apr 07 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/10/1996 4. FEI Number Applied For 59-3356276 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ELKINS, CHARLES E 130 GULF PINES DR 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST JOE FL 32456 84 City Zip Code 85 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 Signiture, typod or printed name of registered agent and title it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE Addition NAME WELLS, LLOYD W 1.2 NAME 307 NAUTILUS DR STREET ADDRESS 1.3 STREET ADDRESS PORT ST JOE FL 32456 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 21 TITLE Addition WELLS, LYNNE J NAME 2.2 NAME 307 NAUTILUS DR STREET ADDRESS 2.3 STREET ADDRESS PORT ST JOE FL 32456 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ELKINS, CHARLES E 3.2 NAME 130 GULF PINES DR STREET ADDRESS 3.3 STREET ADDRESS PORT ST JOE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition ELKINS, UNDA F NAME 4. 2 NAME 130 GULF PINES DR STREET ADDRESS 4.3 STREET ADDRESS PORT ST JOE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 trustate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachmost with an address.

Lando

Filling

4/1/98 850-652-3133