3-9-98 B 2960 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038050 (6)

DINOSAUR ELECTRIC INC. Principal Place of Business Mailing Address 410 PERTHSHIRE DRIVE 410 PERTHSHIRE DRIVE **ORANGE PARK FL 32073** ORANGE PARK FL 32073 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3382710 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **A1 GAMBILL, RUSSELL C** Gambi 410 PERTHSHIRE DRIVE 82 **ORANGE PARK FL 32073** 83 84 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. I am familiar with, and accept the obligations of Section 607.0505 Florida Statutes.

**CELLIA D. Gambill Culture Ostambur 35

CELI Gambill SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE GAMBILL, RUSSELL C NAME 1.2 NAME 410 PERTHSHIRE DR. STREET ADDRESS 1.3 STREET ADDRESS **ORANGE PARK FL 32073 CITY-\$1-ZIP 1.4 CITY - ST-ZIP DELETE TITE E 2.1 Title GAMBILL, CECILIA D NAME 2.2 NAME 410 PERTHSHIRE DR. 23 STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY - ST - ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Addition DELETE 51 TITLE TITLE NAMÉ 5.2 NAME

14. Thereby certify that the information supplied with this filling 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 eath; 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

61 TITLE

62 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME

Block 12 or Block 13 if changed, or on an attachment with an address GNATURE:

DELETE

Change

Addition

FILED

Mar 09 1998 8:00am

Secretary of State