

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 28 1997 8:00am
Secretary of State

DOCUMENT # P96000085849 (3)
1. Corporation Name
POWER CONSTRUCTION MAINTENANCE OF FLORIDA, INC.



Principal Place of Business Mailing Address
P.O. BOX 660 P.O. BOX 660
THOMAS WV 26292 THOMAS WV 26292

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/16/1996			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		58-2319896		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				NONE DUE No			

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEMS
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane C. Burch	1.2 NAME	
STREET ADDRESS	Front Street Circle	1.3 STREET ADDRESS	
CITY-ST-ZIP	Thomas, WV 26292	1.4 CITY-ST-ZIP	
TITLE	Vice President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John C. Combs	2.2 NAME	
STREET ADDRESS	Front Street Circle	2.3 STREET ADDRESS	
CITY-ST-ZIP	Thomas, WV 26292	2.4 CITY-ST-ZIP	
TITLE	Secretary	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan A. Sutton	3.2 NAME	
STREET ADDRESS	Front Street Circle	3.3 STREET ADDRESS	
CITY-ST-ZIP	Thomas, WV 26292	3.4 CITY-ST-ZIP	
TITLE	Treasurer	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frances A. Price	4.2 NAME	
STREET ADDRESS	Front Street Circle	4.3 STREET ADDRESS	
CITY-ST-ZIP	Thomas, WV 26292	4.4 CITY-ST-ZIP	
TITLE	Director	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald R. Conley	5.2 NAME	
STREET ADDRESS	2622 Fairmont Avenue	5.3 STREET ADDRESS	
CITY-ST-ZIP	Fairmont, WV 26555	5.4 CITY-ST-ZIP	
TITLE	Director	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Fulton	6.2 NAME	
STREET ADDRESS	6861 Appleby Drive	6.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 33942	6.4 CITY-ST-ZIP	

14. I do 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: Susan Sutton, Secretary

7/21/97 304-463-4191

CR2E034 (4/97)