

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

FILED

Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085849 (3)  
1. Corporation Name  
POWER CONSTRUCTION MAINTENANCE OF FLORIDA, INC.



Principal Place of Business P.O. BOX 660 THOMAS WV 26282	Mailing Address P.O. BOX 660 THOMAS WV 26282
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P. O. Box 1460 Suite, Apt. #, etc. 22 1625 Mockingbird Road City & State 23 Arcadia, FL Zip 24 34265 Country 25 USA		2a. Mailing Address 26 P. O. Box 719 Suite, Apt. #, etc. 27 City & State 28 Altavista, VA Zip 29 24517 Country 30 USA		3. Date Incorporated or Qualified 10/16/1996	
4. FEI Number 58-2319896		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. 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 NAME STREET ADDRESS CITY-ST-ZIP	P BURCH, JANE C FRONT STREET CIR THOMAS WV <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 107 Ogden Road Altavista, VA 24517
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COMBS, JOHN C FRONT STREET CIR THOMAS WV <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1625 Mockingbird Road Arcadia, FL 34265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUTTON, SUSAN A FRONT STREET CIR THOMAS WV <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 107 Ogden Road Altavista, VA 24517
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRICE, FRANCES A FRONT STREET CIR THOMAS WV <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 107 Ogden Road Altavista, VA 24517
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONLEY, DONALD R 2622 FAIRMONT AVE FAIRMONT WV <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULTON, WILLIAM 6861 APPELBY DR NAPLES FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

*[Signature]*

1/26/98

804-309-1046

CR2E034 (10/97)