


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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000087486 (2)
1. Corporation Name
FOREST ELECTRIC AND BUILDING SERVICES, INC.



Principal Place of Business 43504 HIGHWAY 19 NORTH ALTOONA FL 32702	Mailing Address POST OFFICE BOX 621 ALTOONA FL 32702-0621
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2. Principal Place of Business 21 19051 Quail Road	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/23/1986	3a. Date of Last Report
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3406329	Applied For Not Applicable
City & State 22 Altoona, FL	City & State 27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 23 32702	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BAKER, KENNETH H 43504 HIGHWAY 19 NORTH ALTOONA FL 32702	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name</td> <td>Baker, Kenneth H.</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>19051 Quail Road</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>Altoona FL</td> </tr> <tr> <td>85 Zip Code</td> <td>32702</td> </tr> </table>	81 Name	Baker, Kenneth H.	82 Street Address (P.O. Box Number is Not Acceptable)	19051 Quail Road	83		84 City	Altoona FL	85 Zip Code	32702
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83											
84 City	Altoona FL										
85 Zip Code	32702										

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 *Kenneth H. Baker Pres.* **Kenneth H. Baker, President** **4-3-97**
Signature, type 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	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Kenneth H. Baker
STREET ADDRESS		1.3 STREET ADDRESS	19051 Quail Road
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Altoona, FL 32702
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Cynthia L. Baker
STREET ADDRESS		2.3 STREET ADDRESS	19051 Quail Road
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Altoona, FL 32702
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Cynthia L. Baker* **4/3/97** (352) 669-1270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)