

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

FILED

May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthach Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000091686 (1)

1. Corporation Name
CARTER ELECTRICAL SUPPLY, INC.



Principal Place of Business 445 GREEN AVE CALLAHAN FL 32011	Mailing Address PO BOX 1842 CALLAHAN FL 32011-1842
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2. Principal Place of Business 21 5449 GREEN AVE		2a. Mailing Address 26 SAME		3. Date Incorporated or Qualified 11/07/1996		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		<input checked="" type="checkbox"/> Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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 CARTER, MOZELLE M PO BOX 1842 MIDDLE ROAD CALLAHAN FL 32011				10. Name and Address of New Registered Agent			
				81 Name MOZELLE M. CARTER			
				82 Street Address (P.O. Box Number is Not Applicable) 665 MIDDLE ROAD			
				83			
				84 City CALLAHAN FL 85 Zip Code 32011			

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 **MOZELLE M. CARTER** *Mozelle M. Carter* 3-19-97
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent's 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	P/SIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				1.2 NAME	MOZELLE M. CARTER		
STREET ADDRESS				1.3 STREET ADDRESS	665 MIDDLE RD		
CITY-ST-ZIP				1.4 CITY-ST-ZIP	CALLAHAN, FL. 32011		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	ANGELA C. STARR		
STREET ADDRESS				2.3 STREET ADDRESS	6635 STARR LANE		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	CALLAHAN, FL. 32011		
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 checked="" 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 *[Signature]* (900) 879-4756

CR2E034 (9/96)