


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

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AND
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97 AUG -7 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000093669
1. Corporation Name
C&L Bree Electric, Inc.

Principal Place of Business
P.O. Box 811
Lehigh Acres FL 33970

Mailing Address
P.O. Box 811
Lehigh Acres
FL 33970

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 <u>21</u>	26 <u>26</u>	<u>11.15.1996</u>	<u>11.15.1996</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FBI Number	Applied For
<u>22</u>	<u>27</u>	<u>65-0713575</u>	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<u>23</u>	<u>28</u>	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution	<input type="checkbox"/>
<u>24</u>	<u>29</u>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
<u>25</u>	<u>30</u>		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Bill Lawrence
2904 E 6th Street
Lehigh Acres FL 33970

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>president / secretary</u>	1.2 NAME	<u>900002264659-1</u>
STREET ADDRESS	<u>Lawrence Bill P.O. Box 811</u>	1.3 STREET ADDRESS	<u>-08/12/97--01059--015</u>
CITY-ST-ZIP	<u>Lehigh Acres FL 33970</u>	1.4 CITY-ST-ZIP	<u>****165.00 ****165.00</u>
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>vice president</u>	2.2 NAME	
STREET ADDRESS	<u>Christine Gruber P.O. Box 811</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>Lehigh Acres FL 33970</u>	2.4 CITY-ST-ZIP	
TITLE	NAME	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	NAME	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	NAME	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	NAME	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.25.97

941-368-4113

Date

Daytime Phone #

CR2E034 (9/96)

Pg. 2 of 2

C&O BILL ELECTRIC
P.O. BOX 811
LEHIGH ACRES, FL 33970

Request taken by: mhodges
07-16-1997

The forms you recently requested from this office are:

- (1) 201. Cor Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

This check is a replacement check
for Check # 3813 which apparently
was lost in the mail
Sorry for the inconvenience.

