

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000009537 (6)
 1. Corporation Name
TOM TORBERT ELECTRIC, INC.



Principal Place of Business 420 HILLSIDE DRIVE BABSON PARK FL 33827	Mailing Address 420 HILLSIDE DRIVE BABSON PARK FL 33827
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 221 E. Central Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 1168 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/30/1997	
22 City & State Lake Wales, Fl 33859		27 City & State Lake Wales, Fl 33859-1168		4. FEI Number 59-3423054 Applied For Not Applicable	
23 Zip 33859		28 Country Polk		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33859		29 Country Polk		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country Polk		30 Country Polk		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
TORBERT, JANICE L
420 HILLSIDE DRIVE
BABSON PARK FL 33827

10. Name and Address of New Registered Agent
 B1 Name **James A Miller**
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3 **221 E Central Ave.**
 B4 City **Lake Wales, Fl** B5 State **FL** B6 Zip Code **33859**

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]* **JAMES A MILLER** DATE **4/13/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, JAMES A	
STREET ADDRESS	307 6TH STREET	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TORBERT, JANICE L	
STREET ADDRESS	420 HILLSIDE DRIVE	
CITY-ST-ZIP	BABSON PARK FL 33827	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James A Miller	
1.3 STREET ADDRESS	221 E Central Ave.	
1.4 CITY-ST-ZIP	Lake Wales, Fl 33859	
2.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marla Miller	
2.3 STREET ADDRESS	307 6th Street	
2.4 CITY-ST-ZIP	Dundee, Fl 33838	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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]* **JAMES A MILLER** **4/13/98** **(941) 679-1175**

CR2E084 (10/97)

TOM TORBERT ELECTRIC

PO. BOX 1168
Lake Wales, FL 33859-1168

Name: Tom Torbert Electric, Inc

**Principal Place
of Business:** 420 Hillside Drive
Babson Park, FL 33827

Mailing Address: 420 Hillside Drive
Babson Park, FL 33827

County/State: Polk County, Florida

**Date of
Incorporation:** 01/30/97

**Employer
Identification
Number:** 59-3423054

**Officers/
Directors:** Janice L Torbert
420 Hillside Drive
Babson Park, FL 33827

James A Miller
307 6th Street
Dundee, FL 33838

**Registered
Agent:** Janice L Torbert
420 Hillside Drive
Babson Park, FL 33827

**This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.**