


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

FILED

May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # P97000080254 (0) 1. Corporation Name FIRST RESPONSE ELECTRICAL ENTERPRISES, INC.											
Principal Place of Business 11196 112TH AVE N SEMINOLE FL 33778			Mailing Address P O BOX 1509 LARGO FL 33779-1509								
DO NOT WRITE IN THIS SPACE											
2. Principal Place of Business 21 10730 102nd Avenue N. Suite, Apt. #, etc. 22 City & State 23 Seminole, FL Zip 24 33778		2a. Mailing Address 26 P.O. Box 1509 Suite, Apt. #, etc. 27 City & State 28 Largo, FL Zip 29 33779-1509		3. Date Incorporated or Qualified 09/15/1997 4. FEI Number 59-3468770 5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent JONES, THOMAS L 11196 112TH AVE N SEMINOLE FL 33778			10. Name and Address of New Registered Agent 81 Name Jones, Thomas L. 82 Street Address (P.O. Box Number is Not Acceptable) 10730 102nd Avenue N. 83 84 City Seminole FL 85 Zip Code 33778								
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 <i>Thomas L. Jones</i> (NOTE: Registered Agent signature required when reinstating) DATE 4-14-98											
12. OFFICERS AND DIRECTORS 1.1 TITLE President 1.2 NAME Carolee R. Jones 1.3 STREET ADDRESS 12018 71st Way 1.4 CITY-ST-ZIP Largo, FL 33773 1.5 TITLE Vice-President 1.6 NAME John H. Michael 1.7 STREET ADDRESS 8420 54th Street N. 1.8 CITY-ST-ZIP Pinellas Park, FL 33781 1.9 TITLE Secretary-Treasurer 2.0 NAME Todd Gorecki 2.1 STREET ADDRESS 12018 71st Way 2.2 CITY-ST-ZIP Largo, FL 33773 2.3 TITLE Project Coordinator 2.4 NAME Thomas L. Jones 2.5 STREET ADDRESS 10730 102nd Avenue N 2.6 CITY-ST-ZIP Seminole, FL 33778 2.7 2.8 2.9 2.10 2.11 2.12						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.5 TITLE 3.6 NAME 3.7 STREET ADDRESS 3.8 CITY-ST-ZIP 3.9 TITLE 3.10 NAME 3.11 STREET ADDRESS 3.12 CITY-ST-ZIP 3.13 TITLE 3.14 NAME 3.15 STREET ADDRESS 3.16 CITY-ST-ZIP 3.17 TITLE 3.18 NAME 3.19 STREET ADDRESS 3.20 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: <i>Carolee R. Jones</i> Carolee R. Jones, President 4-15-98 813-394-9143 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											



CR2E034 (10/97)