

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

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**May 09 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S12968 (1)**

1. Corporation Name  
**METRO ELECTRIC WORKS, INC.**



Principal Place of Business: **12581-2 METRO PARKWAY FT. MYERS FL 33912**

Mailing Address: **12581-2 METRO PARKWAY FT. MYERS FL 33912-1351**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/13/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
21	<b>12581-24 metro pkwy</b>	26	<b>12581-24 metro pkwy</b>	4. FEI Number <b>65-0232270</b>	Applied For Not Applicable
22	City & State <b>Ft Myers FL</b>	27	City & State <b>Ft Myers FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip <b>33912</b>	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Zip <b>33912</b>	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**SEIDL, MILO G.  
1722 S.E. VAN LOON TERRACE  
CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent

**81 Name DAN FISH**

**82 Street Address (P.O. Box Number is Not Acceptable) 616 JAMES AVE**

**84 City LEHIGH ACRES FL 85 Zip Code 33972**

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]* **PRES** **4-29-97**

Signature, typed 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	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEIDL, MILO G.</b>	1.2 NAME	
STREET ADDRESS	<b>1722 SE VAN LOON TERRACE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CAPE CORAL FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PRES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISH, DANIEL L.</b>	2.2 NAME	<b>FISH, DANIEL L.</b>
STREET ADDRESS	<b>616 JAMES AVE.</b>	2.3 STREET ADDRESS	<b>616 JAMES AVE</b>
CITY - ST - ZIP	<b>LEHIGH ACRES FL</b>	2.4 CITY - ST - ZIP	<b>LEHIGH ACRES FL 33972</b>
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: *[Signature]* **SIGNATURE REQUIRED** **4-29-97** **941-768-2700**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)