FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Mar 05 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortilina Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 S43694 DOCUMENT # (6)ARGON ELECTRIC INC. Principal Place of Business Mailing Address 624 S EVERS STREET 624 S. EVER ST. PLANT CITY FL 33566-5422 PLANT CITY FL 33586 3a. Date of Last Report 3. Date Incorporated or Qualified 04/05/1991 01/23/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 59-3062294 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zφ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes Yes No 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B**1 Name GLENN, DALE E. 2424 W. TAMPA BAY BLVD. L 407 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33607** 83 84 City 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. Signarize it (seed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. TITLE DELETE 1.1 TITLE Change Addition NAME GLENN, DALE E. 1.2 NAME 2424 W TAMPA BAY BLVD, L407 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY - ST - 716 1.4 CITY - ST - ZIP VICE PRESIDENT. DELETE Change Addition 101.6 2.1 TITLE GOODWIN, EDWARD NAME 2.2 NAME 4202 MOGEE RD. 4202 McGEE Rd 2.3 STREET ADDRESS STREET ADORES: PLANT CITY, FL. 33567 PLANT CITY, FL. 33567 2 4 CHTY-ST-ZIP CHY-SI DELETE Change Addition 3.1 TITLE TITLE NALIE 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** 3 4. CITY-ST-ZIP CITY-ST-ZID DELETE Addition TITLE 4.1 TITLE Change NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIF 4.4 CITY-ST-ZIP DELETE Change Addition THE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-2IP CITY-ST-ZP DELETE TILE 6.1 TITLE ___ Change Addition 62 NAME NALIF 6.3 STREET ADDRESS STREET ADDRESS C(1Y+\$1-Z)P 64 CITY-ST-ZIP is ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the lital angular eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that live or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certily that the information upplied with t information indicated on this and tamen officer or director of the rt or supplemy ation or the re appears in Block with an address. SIGNATURE.

EO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davime Phone #