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Mar 03 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 # S55381 (5)

1. Corporation Name  
ANCHOR ELECTRIC SERVICE, INC.



Principal Place of Business

9414 KEYSTONE PLACE  
P O BOX 51  
ODESSA FL 33556

Mailing Address

9414 KEYSTONE PLACE  
P O BOX 51  
ODESSA FL 33556-0051

3. Date Incorporated or Qualified  
05/23/1991

3a. Date of Last Report  
04/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number  
59-3069056

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MCLAUGHLIN, JON A.  
9414 KEYSTONE PLACE  
ODESSA FL 33556

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD DELETE

NAME MCLAUGHLIN, JON A.  
STREET ADDRESS 9414 KEYSTONE PLACE  
CITY - ST - ZIP ODESSA FL

TITLE VS DELETE

NAME MCLAUGHLIN, CAROL RAE  
STREET ADDRESS 9414 KEYSTONE PLACE  
CITY - ST - ZIP ODESSA FL

TITLE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME  
6.3 STREET ADDRESS  
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

2-24-97 813-920-8287  
Date Daytime Phone #

CR2E034 (9/96)