

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V06500 (5)
 1. Corporation Name
WINGATE COMMUNICATIONS & ELECTRIC, INC.



Principal Place of Business 4208 THOMASWOOD LANE S W WINTER HAVEN FL 33880	Mailing Address 4208 THOMASWOOD LANE S W WINTER HAVEN FL 33880-1156
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3. Date Incorporated or Qualified 01/15/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3100962	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4715 Monterey Dr. S.W. Suite, Apt. #, etc.	2a. Mailing Address 26 4715 Monterey Dr. S.W. Suite, Apt. #, etc.
22 City & State 23 Winter Haven, FL	27 City & State 28 Winter Haven, FL
24 Zip 33880 25 Country Polk	29 Zip 33880 30 Country Polk

9. Name and Address of Current Registered Agent
**SAMMONS, ROBERT O.
 139 AVENUE C. S.W.
 WINTER HAVEN FL 33880**

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 _____ (NOT Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	WINGATE, PAMELA B.	
STREET ADDRESS	4208 THOMASWOOD LN SW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1b. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Wingate, Pamela B.		
1.3 STREET ADDRESS	4715 Monterey DR. S.W.		
1.4 CITY-ST-ZIP	Winter Haven, FL 33880	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Pamela B. Wingate* *Pamela B. Wingate*

CR2E034 (9/96)