
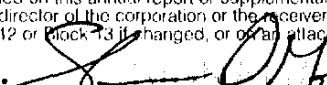


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northon Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # V44624 (7)											
1. Corporation Name D.J. GOULD ELECTRIC CO., INC.											
Principal Place of Business 18682 SPRUCE DRIVE EAST FT MYERS FL 33912			Mailing Address 18682 SPRUCE DRIVE EAST FT MYERS FL 33912-9410								
2. Principal Place of Business 21 15804-9 BROTHERS CT Suite, Apt. #, etc. 22 City & State 23 FT. MYERS, FL Zip 24 33912 25 Country			2a. Mailing Address 26 15804-9 BROTHERS CT Suite, Apt. #, etc. 27 City & State 28 FT. MYERS FL Zip 29 33912 30 Country								
3. Date Incorporated or Qualified 06/17/1992			3a. Date of Last Report 06/06/1996								
4. FEI Number 65-0394369			Applied For 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								
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No											
9. Name and Address of Current Registered Agent GOULD, DENNIS J 18682 SPRUCE DRIVE EAST FT MYERS FL 33912			10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 type for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME GOULD, DENNIS J STREET ADDRESS 18682 SPRUCE DRIVE EAST CITY-ST-ZIP FT MYERS FL TITLE D <input type="checkbox"/> DELETE NAME O'MALLEY, JOSEPH SHAWN STREET ADDRESS 3291 LEMON LANE CITY-ST-ZIP NAPLES FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:  SHAWN O'MALLEY 3/31/97 (941) 482-0225 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #											



CR2E034 (9/96)