

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H48166 (3)**

1. Corporation Name
BATES ELECTRICAL SERVICES, INC.



Principal Place of Business: **5480 JET PORT IND. BOULEVARD P. O. BOX 262164 TAMPA FL 33685**
Mailing Address: **5480 JET PORT IND. BOULEVARD P. O. BOX 262164 TAMPA FL 33685**

3. Date Incorporated or Qualified 03/20/1985	3a. Date of Last Report 02/21/1995
4. FEI Number 59-2514390	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
8. 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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

**GOLDTHORP, WILLIAM B.
8005 W HIAWATHA ST
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ DATE _____
(If FEI Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

1. NAME	DP	<input type="checkbox"/> DELETE
2. STREET ADDRESS	GOLDTHORP, WILLIAM B.	
3. CITY-ST-ZIP	8005 W HIAWATHA ST TAMPA FL	
4. TITLE	D	<input type="checkbox"/> DELETE
5. NAME	SOLLEY, PATRICIA G	
6. STREET ADDRESS	125 W. MARSHALL ST FALLS CHURCH VA	
7. CITY-ST-ZIP	D	<input type="checkbox"/> DELETE
8. TITLE	TUPPER, DIANE G.	
9. NAME	217 PRINCE ST ALEXANDRIA VA	
10. STREET ADDRESS		
11. CITY-ST-ZIP		
12. TITLE		<input type="checkbox"/> DELETE
13. NAME		
14. STREET ADDRESS		
15. CITY-ST-ZIP		
16. TITLE		<input type="checkbox"/> DELETE
17. NAME		
18. STREET ADDRESS		
19. CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. 2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. 3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. 4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. 5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	
21. 6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
25. 7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 manager 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 or changed or in an attached list with an address.

SIGNATURE: *William B Goldthorp* William B Goldthorp 1/31/96 (813)888-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #

CR2E034 (12/95)