

**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 # **835727** (9)  
1. Corporation Name  
**PALMER ELECTRIC CONSTRUCTION COMPANY**



Principal Place of Business Mailing Address  
**104 SOUTH EDGEWOOD DRIVE  
DOTHAN AL 36301  
US** **PO BOX 1763  
DOTHAN AL 36302  
US**

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 29 Country 30 Country

3. Date Incorporated or Qualified **01/27/1976** 3a. Date of Last Report **04/27/1995**  
4. FEI Number **62-0805527** 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  
**CRISP, ROBERT F.  
126 SOUTH JEFFERSON  
MARIANNA FL 32446**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature is required when transferring) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PF	<input type="checkbox"/> DELETE
NAME	<b>PALMER, LARRY</b>	
STREET ADDRESS	<b>1396 ED TOLAR RD</b>	
CITY - ST - ZIP	<b>PANSEY AL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>PALMER, JANET</b>	
STREET ADDRESS	<b>1396 ED TOLAR RD</b>	
CITY - ST - ZIP	<b>PANSEY AL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>THORNTON, EVELYN F</b>	
STREET ADDRESS	<b>1209 MAGNOLIA AVENUE</b>	
CITY - ST - ZIP	<b>DOTHAN, AL 00000</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>THORNTON, P L JR</b>	
STREET ADDRESS	<b>1209 MAGNOLIA AVENUE</b>	
CITY - ST - ZIP	<b>DOTHAN, AL 00000</b>	
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 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 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. (334) 792-8473

SIGNATURE: Larry H. Palmer Larry H. Palmer, President 2/28/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)