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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90036 016 ***150.00

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DOCUMENT # G59791

1. Corporation Name
MADER ELECTRIC, INC.

Principal Place of Business	Mailing Address
1851 57TH ST SARASOTA FL 34234 US	1851-57TH ST SARASOTA FL 34243 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/16/1983

2. Principal Place of Business
21 7260 15TH ST. E
Suite, Apt. #, etc. 22
City & State 23 SARASOTA FL
Zip 24 34243 Country 25

2a. Mailing Address
26 7260 15TH ST. EAST
Suite, Apt. #, etc. 27
City & State 28 SARASOTA FL.
Zip 29 34243 Country 30

4. FEI Number: 59-2328613 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JEFFRIES, MICHAEL R.
1851 - 57TH ST
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name > ONLY ADDRESS HAS CHANGED
82 Street Address (P.O. Box Number is Not Acceptable) 7260 15TH ST. EAST
83
84 City SARASOTA FL 85 Zip Code 34243

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	JEFFRIES, MICHAEL R.		1.2 NAME		
STREET ADDRESS	1851 - 57TH ST		1.3 STREET ADDRESS	7260 - 15TH STREET EAST	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	JEFFRIES, PATRICIA L		2.2 NAME		
STREET ADDRESS	1851 - 57TH ST		2.3 STREET ADDRESS	7260 - 15TH STREET EAST	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	JEFFRIES, PAUL J		3.2 NAME		
STREET ADDRESS	1851 57TH ST		3.3 STREET ADDRESS	7260 - 15TH STREET E.	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	LE, KAREN N		4.2 NAME		
STREET ADDRESS	1851 57TH ST		4.3 STREET ADDRESS	7260 - 15TH ST. EAST	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	LEON C LE		5.2 NAME		
STREET ADDRESS	1851 57TH ST		5.3 STREET ADDRESS	7260 - 15TH ST. EAST	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Patricia L. Jeffries V. P. 1-31-99 941-360-8298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #