

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
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90044 045 ***158.75

DOCUMENT # H83400

1. Corporation Name

ARMOUR'S ELECTRICAL SERVICES, INC.

Principal Place of Business:

4609 N. CLARK AVENUE
P.O. BOX 152325
TAMPA FL 33684-2325

Mailing Address

4609 N. CLARK AVENUE
P.O. BOX 152325
TAMPA FL 33684-2325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1985

4. FEI Number

59-2582786

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No *Pay*

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

ARMOUR, MARILYN D.
4609 N. CLARK AVE.
TAMPA FL 33614

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ARMOUR, LARRY M.
STREET ADDRESS 16102 ARMISTEAD LANE
CITY-ST-ZIP ODESSA FL

TITLE V ☐ DELETE

NAME ARMOUR, MARILYN D.
STREET ADDRESS 16102 ARMISTEAD LANE
CITY-ST-ZIP ODESSA FL

TITLE S ☐ DELETE

NAME PERELLA, DONNA D.
STREET ADDRESS 11726 LYNMOUR DR.
CITY-ST-ZIP RIVERVIEW FL

TITLE T ☒ DELETE

NAME GRANATO, SHARON M.
STREET ADDRESS 5616 HALFMOON LAKE ROAD
CITY-ST-ZIP TAMPA FL

TITLE AS ☒ DELETE

NAME ARMOUR, KIM
STREET ADDRESS 10352 CARROLLWOOD LN 193
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S
Perella, Donna D.
1106 91st Street NW
Bradenton, FL 34209

AS
McDaniel, Kim
10352 Carrollwood LN #193
TAMPA FL

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:

Donna D. Perella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

(813) 874-3440

Daytime Phone #

CR2E034 (11/98)