**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT # J47719

1. Corporation Name

LINE MATTED & FECTRICAL SERVICES



Principal Plac	cs of Business	Mailing Address				1		
7474-128 ST. 1		P.O. BOX 7014					-	
SEMINOLE FL 33776 US		SEMINOLE FL 33775 US				DO NOT WRITE IN TH	IS SPACE	
03		•				Date Incorporated or Qualifed     12/18/1986	<del></del>	
2 Dringinal (	Place of Business	2a, Mailing Address	<del></del>			4. FEI Number	Ap	plied For
2. Principal Place of Business		26				59-2742589	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 A	dditional
22		27				5. Certificate of Status Desired	Fee Re	quired
City & Sta	te	City & State				6, Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zio	Country	Zip	_	untry		8. This corporation owes the current year		<b></b>
24	[25]	29	30			Personal Property Tax.	[] Yes	<u> </u>
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Registers	e Adeur	
AME	DREWS, WILLIAM H.			81	Name			
747.	4-128TH STREET NO			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
953	INOLE FL 83542 33776			-				
JEN	MOLE 1200012 33711			83		• •		
				84	City		85 Zip C	ode
11. Pursuant office or agent. I a						oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its cointment as rec	registered gistered
	Signature, typed of printed name of registered e.p. OFFICERS A	not and little if applicable.  ND DIRECTORS	(NO FE; Registered	d Agent		_ ·	AND DIRECTO	R5 IN 12
SIGNATURE 12.	Signature, typed of printed name of registered exp	ent and little if applicable.	(NO FE: Registered	d Agent		d when reinstating) DATE		
SIGNATURE 12. TITLE NAME	Signature, typed of printed name of registered and OFFICERS AI DP ANDREWS, WILLIAM H.	not and little if applicable.  ND DIRECTORS	(NOTE: Registered 13. TE 1.1 TO 1.2 N	d Agent	signature required	d when reinstating) DATE	AND DIRECTO	R5 IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed of printed name of registered exp OFFICERS AI DP ANDREWS, WILLIAM H. 7474 128TH ST N	not and little if applicable.  ND DIRECTORS	(NO FE: Registered 13. FE 1.1 Ti 1.2 M 1.3 S	d Agent	signature required	d when reinstating) DATE	AND DIRECTO	R5 IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed of printed name of registered and OFFICERS AI DP ANDREWS, WILLIAM H. 17474 128TH ST N SEMINOLE FL 33776	ent and like if applicable.  ND DIRECTORS  DELET	(NO FE: Recentered 13. FE 1.1 Ti 1.2 M 1.3 S 1.4 C	d Agent	signature required  ADORESS  -ZIP	d when reinstating) DATE	AND DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filling does not qualify for the examption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informat 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 different or director of the corporation or the receiver or trustee empowered to exceed to 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: