Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90060 018 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1 570

 Corporation 	TA ELECTRIC, CORP.						
Principal Place	of Business	Mailing Address					
DAVID S PERNA	1	DAVID S PERNA					
4023 SAWYER RD #185 4023 SAWYER RD #185					DO NOT WRITE IN TH	HE SPACE	
SARASOTA FL 34232 SARASOTA FL 34232 US US					3. Date Incorporated or Qualifed	- AOL	
03		00			03/12/1990		
2 Principal Pt	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
		26 188-2-PORTE	er c	AKE DA	e 65-0184123	No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.		<u> </u>		\$8.75 🗚	dditional
22 /07 27 27 /07					5. Certificate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	
23 SARA	ISOTA FL	28 SARASOTA	P	<u></u>	Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		
24 3424		29 34240 30	L,		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Register	ad Agent	
PERI	NA, DAVID S		81	Name			
4023 SAWYER RD #185			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34233			83				
0,41	100 // 112 0 1200		63				
			84	City		85 Zip C	Code
office or r	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was authorions of, Section 607.0505, Florida	Statutes	the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered
	Signature, typed or printed name of registered agen-		_	nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition
TITLE	-						
NAME			1.2 NAME	**********			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	T-ZIP		Change	Addition
TITLE							
NAME			2.2 NAME	T ADDRESS	ب سات سیم پیمین		
STREET ADDRESS							
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	51-21		☐ Change	Addition
TITLE		ــــ د	3.2 NAME				_
NAME CTOCCT ADDRESS				TADDRESS			ļ
STREET ADDRESS		•	3.4. CITY-5	1			
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	31-21		☐ Change	☐ Addition
NAME		_	4. 2 NAME				
STREET ADDRESS	1		l	T ADDRESS			ļ
			4.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME			•	
STREET ADDRESS			5.3 STREE	T ADDRESS			1
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			į
TITLE		□ DELETE	6.1 TITLE			Change	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: SNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

1-13-99