## 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

## DOCUMENT # P95000076389 1. Corporation Name

J. T. E. ELECTRIC, INC.

SIGNATURE:

**FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90026 010 \*\*\*150.00

| 4 ( <b>00</b> )( <b>00</b> ) (00 | LOCAL OCICE ARCCI COCC | <b>ar</b> ik baki karib bileb |  |
|----------------------------------|------------------------|-------------------------------|--|

| Suite, Apt.            | O ST<br>13912<br>lace of Business<br>#, etc.                   | Mailing Address 6633 HARTLAND ST FT MYERS FL 33912  2a. Mailing Address 26  Suite, Apt. #, etc. 27 |                |                |                                       | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  09/29/1995  4. FEI Number  65-0611648  5. Certificate of Status Desired  \$8.75 Additional Fee Required |
|------------------------|--|--|----------------|----------------|---------------------------------------|---|
| City & State           | Đ  | City & State   |                |                |                                       | 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution  \$5.00 May Be Added to Fees   |
| Zip                    | Country 25   | Zip 29   | 30             | intry          |                                       | 8. This corporation owes the current year Intangible Personal Property Tax. Ages  No. 10. Normal Address of New Poglistered Agent                                     |
|                        | 9. Name and Address of Currer                                  | it Registered Agent  |                | 81             | Name                                  | 10. Name and Address of New Registered Agent  |
| EDW                    | ARDS, LARRY J  |  |                |                |                                       | (D.O. Day Myshario Nat Accordable)  |
| 6633                   | HARTLAND ST  |  |                | 82             | Street Addre                          | ress (P.O. Box Number is Not Acceptable)  |
| FT M                   | IYERS FL 33912   |  |                | 83             | · · · · · · · · · · · · · · · · · · · |   |
|                        |  |  |                | 84             | City                                  | ■■ 85 Zip Code  |
|                        |  |  |                | 1 1            | -                                     | poration submits this statement for the purpose of changing its registered  |
| SIGNATURE              | Signature, typed or printed name of registered age OFFICERS AN | nt and title if applicable. (NO  | E: Registered  | Agent          | signature required                    | nd when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE                  | P  | ☐ DELETE   | 1,1 Ti         | TLE            |                                       | ☐ Change ☐ Additi   |
| NAME<br>STREET ADDRESS | EDWARDS, LARRY J<br>6633 HARTLAND ST                           |  | 1.2 N<br>1.3 S |                | ADDRESS                               |   |
| CITY-ST-ZIP            | FT MYERS FL 33912  |  |                | ΠY ST-         | ZIP                                   | ☐ Change ☐ Additi   |
| TITLE                  |  | ☐ DELETE   | 2.1 TI         |                |                                       | ☐ Change ☐ Additi   |
| NAME                   |  |  | 2.2 N          |                |                                       |   |
| STREET ADDRESS         |  |  |                |                | ADDRESS                               | ,   |
| CITY-ST-ZIP<br>TITLE   |  | ☐ DELETE   | 3.1 T          | XTY-ST<br>ITL€ | -217                                  | Change Additi   |
| NAME                   |  |  | 3.2 N          |                |                                       |   |
| STREET ADDRESS         |  |  | 1              |                | ADDRESS                               |   |
| CITY-ST-ZIP            |  |  | ſ              | TY-ST          | ſ                                     |   |
| TITLE                  | <del></del>  | ☐ DELETE   | 4.1 T          |                |                                       | ☐ Change ☐ Additi   |
| NAME                   |  |  | 4. 2 N         | AME            | 1                                     |   |
| STREET ADDRESS         |  |  | 4.3 S          | TREET          | ADDRESS                               |   |
| CITY-ST-ZIP            |  |  | 4.4 C          | TY-ST-         | ZIP                                   | - <del></del>   |
| TITLE                  |  | ☐ DELETE   | 5.1 T          |                |                                       | ☐ Change ☐ Additi   |
| NAME                   |  |  | 52 N           |                | }                                     |   |
| STREET ADDRESS         |  |  |                |                | ADDRESS                               |   |
| CITY-ST-ZIP            |  |  |                | ITY-ST-        | ZIP                                   |   |
| TITLE                  |  | ☐ DELETE   | 6.1 TI         |                |                                       | Change Additi   |
| NAME                   |  |  | 6.2 N          |                |                                       |   |
| STREET ADDRESS         |  |  |                |                | ADDRESS                               |   |
| CITY-ST-ZIP            |  |  | 6.4 C          | ITY-ST         | ZIP                                   |   |

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.