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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90028 027 \*\*\*150.00

UP 113

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P95000090580**

1. Corporation Name  
**BURNS ELECTRIC SERVICE, INCORPORATED**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 7699 COUNTY ROAD 133  
 WILDWOOD FL 34785

Mailing Address  
 7699 COUNTY ROAD 133  
 WILDWOOD FL 34785

3. Date Incorporated or Qualified  
**11/29/1995**

4. FEI Number  
**59-3350842** 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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9. Name and Address of Current Registered Agent

**C. JOHN CONIGLIO, P.A.**  
**104 N. WEBSTER STREET**  
**WILDWOOD FL 34785**

10. Name and Address of New Registered Agent

81 Name **Richard Neil Burns**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7699 CR 133**

83

84 City **Wildwood Fl.** FL 85 Zip Code **34785**

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 *Richard Neil Burns* DATE **1/13/99**

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

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	<b>BURNS, NEIL</b>	
STREET ADDRESS	<b>7699 COUNTY ROAD 133</b>	
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>BURNS, DAVID</b>	
STREET ADDRESS	<b>7699 COUNTY ROAD 133</b>	
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>BURNS, RAY</b>	
STREET ADDRESS	<b>7699 COUNTY ROAD 133</b>	
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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.

SIGNATURE: *Richard Neil Burns* DATE **1/13/99** DAYTIME PHONE # **(352) 330-0003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)