FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TITLE

NAME STREET ADDRESS 219 SE 1ST PLACE

SMITH, GEORGE E

2606 NE 17TH TER

GAINESVILLE FL

WALDO FL



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

320381

DIVISION OF CORPORATIONS

DOCUMENT #

(7)

ALL FLORIDA ELECTRIC COMPANY INC

Principal Place of Business Mailing Address

Change

Change

Change

Addition

Addition

Addition

FILED

Jan 30 1998 8:00am

Secretary of State

GAINESVILLE US			GAINESVILLE FL 32609 US			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						08/29/1967			
2. Principal Place of Business 2a. Mailing Address			s			4. FEI Number		Applied For	
21		26				59-1199423		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc			5. Certificate of Status Desired		Additional Required	
City & State	е	City & State				Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
Zip	Country Zip Co 25 29 30			ountry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
l sw	MTH, GEORGE			81	Name				
2606 NE 17TH TER GAINESVILLE FL 32609				82 Street Address (P.O. Box Number is Not Acceptable)					
									Ì
				84	City		85 Zi:	o Code	
						FL	<u>- i i .</u>	·	
11. Pursuant	to the provisions of Sections 607.050)2 and 607.1508, Florida	Statutes, the	above	-named cor the cornors	poration submits this statement for the purpose oution's board of directors. I hereby accept the ap	of changing	its registered	
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.05	05, Florida Si	tatutes		and the board of encountry. Thereby doodpit the ap	pontanon c	is registeres	
SIGNATURE									
	Signature, typed or printed name of registered ag				nt signature requ	ired when reinstating) DATE	D DIDEOT(NDC IV 10	
12.	OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFICERS AN	Change		
TITLE	V DOWN DUE			TITLE			L Glange	E Addition	
NAME	2.21, 2.10, 125		NAME	j					
STREET ADDRESS	4904 N E 2ND AVENUE		1,3	STREET.	ADDRESS				
CITY - ST - ZIP	GAINESVILLE FL			CITY-ST	- ZIP				
TITLE	ST	DELET	ΓE 2.1	TITLE			L Change	Addition	
NAME	SMITH SHARON A		2.7	MANE					

Change Addition TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** City-ST-ZiP

2.3 STREET AODRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5 3 STREET ADDRESS 5.4 CITY - ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

5.1 TITLE

5.2 NAME

DELETE

DELETE

DELETE

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 cath; 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.

SIGNATURE: