

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

FILED

Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90014 027 *****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000035958					
1. Corporation Name MEISNER ELECTRIC SUPPLY, INC.					
Principal Place of Business 220 N.E. 1ST ST. DELRAY BEACH FL 33444			Mailing Address 220 N.E. 1ST ST. DELRAY BEACH FL 33444		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/1994	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0471534			
22 City & State	27 City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent JANET ONNEN 220 NE 1ST STREET SUITE 400 DELRAY BEACH FL 33444			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE ☐ DELETE					
1.2 NAME ONNEN, TIM D					
1.3 STREET ADDRESS 220 N.E. 1ST ST.					
1.4 CITY-ST-ZIP DELRAY BEACH FL 33444					
2.1 TITLE ☐ DELETE					
2.2 NAME ONNEN, JANET					
2.3 STREET ADDRESS 220 N.E. 1ST ST.					
2.4 CITY-ST-ZIP DELRAY BEACH FL 33444					
3.1 TITLE ☐ DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE ☐ DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE ☐ DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE ☐ DELETE					
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: Janet I. Onnen SIGNATURE REQUIRED

1-20-99 561-278-8362
Date Daytime Phone #

CR2E034(11/98)