**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 644285

R.E. BAY ELECTRIC CO., INC.

Principal Place of Business	Mailing Address
2368 HARPER STREET JACKSONVILLE FL 32204	2368 HARPER STREET JACKSONVILLE FL 32204

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90023 005 \*\*\*150.00



					DO NOT WRITE IN THIS SPA	1CE	
					3. Date Incorporated or Qualifed		
					11/06/1979		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	App	olied For
21	26				59-1944994	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	8.75 A	
22		27			5. Certificate of Citatos Desireo	Fee Rec	uired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	* 1
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intangi		
24	25	29	30		1 Clabilat Toporty Tax:		□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Age	nt	
			18	81 Name			
COLLINS, GERALD H			-	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
2368	2368 HARPER STREET			Oli Bet Aud	incos (i .o. Box Hamber to Hotel today		
JACI	KSONVILLE FL 32204		18	83			
! <b>i</b>			L	_		al a: 0	
			1	B4 City	FL   <sup>8</sup>	5 Zip C	Code
<del></del>		22 COZ 1509 Etorido Statuto	e the ob	ove-named corr	noration submits this statement for the numose of cha	nging its	registered
office or r	registered agent or both in the State	of Florida, Such change was all	inorizea i	nv tne corborati	ion's board of directors. I hereby accept the appointment	ent as reg	jistered
agent. I a	am familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statut	tes.			
SIGNATURE					ed when reinstating) DATE		
	Signature, typed or printed name of registered age		_	gent signature require	ADDITIONS/CHANGES TO OFFICERS AND D	IDECTO	
12.		ND DIRECTORS  ☐ DELETE	13.	<del>-</del>		Change	Addition
TITLE	PTD	☐ DETE IE	1.1 TITL	ŀ		Orlange	
NAME	COLLINS, GERALD H		1.2 NAM	ME			
STREET ADDRESS	2368 HARPER STREET		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	·	1.4 CITY	/-ST-ZIP			
TITLE	<b>√</b> VS	☐ DELETE	2.1 TITL	£		Change	☐ Addition
NAME	COLLINS, GERALD H., JR.		2.2 NAM	AE .			
STREET ADDRESS			2.3 STR	EET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2. 4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TITL	.E.		Change	Addition
NAME	1				_		
STREET ADDRESS			3.2 NAM	Æ.			
SIKEEI AUDKESS	.\			_	_		
OFD/ OT 710			3.3 STR	EET ADORESS		,	
CITY-ST-ZIP	3	□ DELETE	3.3 STR 3.4. CIT	EET ADORESS Y-ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	3.3 STR 34. CIT 4.1 TITL	EET ADORESS Y-ST-ZIP E			☐ Addition
TITLE NAME		☐ DELETE	3.3 STR 34. CIT 4.1 TITL 4.2 NA	EET ADORESS Y-ST-ZIP E			☐ Addition
TITLE NAME STREET ADORESS		☐ DELETE	3.3 STR 3.4. CIT 4.1 TITL 4.2 NA 4.3 STR	Y-ST-ZIP E ME MEET ADORESS			☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.3 STR 3.4. CIT 4.1 TITL 4.2 NA 4.3 STR 4.4 CITY	Y-ST-ZIP E ME ME MEET ADDRESS Y-ST-ZIP		Change	
TITLE NAME STREET ADORESS		☐ DELETE	3.3 STR 34. CIT 4.1 TITL 4.2 NA 4.3 STR 4.4 CIT 5.1 TITL	Y-ST-ZIP  E ME ME MEET ADDRESS Y-ST-ZIP E			☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.3 STR 34. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAI	Y-ST-ZIP E ME LEET ADDRESS Y-ST-ZIP E AEET ADDRESS Y-ST-ZIP E		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.3 STR 34. CIT 4.1 TITL 4.2 NAV 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAV 5.3 STR	Y-ST-ZIP  E ME ME MEET ADDRESS Y-ST-ZIP E AE ME		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.3 STR 34. CIT 4.1 TITL 4.2 NAV 4.3 STR 4.4 CITV 5.1 TITL 5.2 NAV 5.3 STR 5.4 CITV	Y-ST-ZIP  E ME		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.3 STR 34. CIT 4.1 TITL 4.2 NAV 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAV 5.3 STR	Y-ST-ZIP  E ME		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.3 STR 34. CIT 4.1 TITL 4.2 NAV 4.3 STR 4.4 CITV 5.1 TITL 5.2 NAV 5.3 STR 5.4 CITV	WEET ADDRESS Y-ST-ZIP  ME		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.3 STR 3.4 CIT 4.1 TITL 4.2 NAV 4.3 STR 4.4 CITV 5.1 TITL 5.2 NAA 5.3 STR 5.4 CITV 6.1 TITL 6.2 NAA	WEET ADDRESS Y-ST-ZIP  ME		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAI 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAI 6.3 STR	ME M		Change	☐ Addition

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 chapsed, or on an attachment with an address, with all other like empowered.

SIGNATURE: