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May 06, 1999 8:00 am
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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000031174

1. Corporation Name
A-1 ELECTRIC OF HERNANDO, INC.



Principal Place of Business
 2170 MARINER BLVD
 SPRING HILL FL 34609
 US

Mailing Address
 2170 MARINER BLVD
 SPRING HILL FL 34609
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **18855 SAKORA RD**
 Suite, Apt. #, etc. **Hudson FL 34667**
 City & State **34667 USA**
 Zip Country

2a. Mailing Address
 26 **18855 SAKORA RD**
 Suite, Apt. #, etc. **Hudson FL**
 City & State **34667 USA**
 Zip Country

3. Date Incorporated or Qualified
04/28/1993

4. FEI Number
59-3193372

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, KENNETH L
 2170 MARINER BLVD
 SPRING HILL FL 34609

81 Name **Kenneth C Lewis**
 82 Street Address (P.O. Box Number is Not Acceptable) **18855 SAKORA RD**
 83 **Hudson FL**
 84 City **FL** 85 Zip Code **34667**

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

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	LEWIS, KENNETH L	
STREET ADDRESS	2170 MARINER BLVD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DE ANGELIS, VINCENT	
STREET ADDRESS	2170 MARINER BLVD	
CITY-ST-ZIP	SPRING HILL FL	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kenneth L Lewis	
1.3 STREET ADDRESS	18855 SAKORA RD	
1.4 CITY-ST-ZIP	Hudson FL 34667	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vincent DeAngelis	
2.3 STREET ADDRESS	18855 SAKORA RD	
2.4 CITY-ST-ZIP	Hudson FL 34667	
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: Vincent DeAngelis Vice President 4-30-99 727-809-3943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)