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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000031174

A-1 ELECTRIC OF HERNANDO, INC.

Principal Place of Business

2170 MARINER BLVD

Mailing Address

2170 MARINER BLVD SPRING HILL FL 34609

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90064 038 ***150.00



US TRICE TO	US US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 04/28/1993			
2. Principal Pl. 21 / 885	ace of Business SAKUT9 ND	2a. Mailing Address 26 / 8855 SA	Kora 7	25	4. FEI Number 59-3193372			plied For Applicable
Suite, Apt	#, etc.	26 / 8855 SA Suite, Apt. #, etc. 27 / YVJSON	FL		5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & State 346		City & State 28 34667	USA		Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	-
Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Intan	gible	
24	25	29 30		_	Personal Property Tax.] Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered Ag	ent	
. —			81 Na	ime Va	enneth C Lawis	>		
LEWIS, KENNETH L				<i></i>	ss (P.O. Box Number is Not Accepta	ble)		
2170 MARINER BLVD				1885	SAKEN F	2 🞾		
SPRING HILL FL 34609				ر مار کار	him PC			
	• .		94 (1)	720	(55/0 /		85 Zio C	ode.
				ıy		FL∣	1.54	60/
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was auth	Onzed by the (med corpor corporation	ration submits this statement for the 's board of directors. I hereby accep	purpose of ch t the appoint	anging its nent as rec	registered gistered
SIGNATURE	_							
	Signature, typed or printed name of registered agent		gistered Agent sign	ature required v	when reinstating) ADDITIONS/CHANGES TO OF:	DATE	DIRECTO	DS IN 12
12.	OFFICERS AND	DELETE	13.	10	ADDITIONS/CHANGES TO OF		Denange	Addition
TITLE	P	☐ NETE IE	1.1 TITLE	100	worth L Lawis	L	La Change	
NAME	LEWIS, KENNETH L		1.2 NAME	100	For sakara PD			
STREET ADDRESS	2170 MARINER BLVD		1.3 STREET ADDR	RESS /	A SUMO	,		
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP	14	went Defraction of 34		Change	[Addition
TITLE	VP	☐ DELETE	2.1 TITLE		DeAnsels			Addition
NAME	DE ANGELIS, VINCENT		2.2 NAME	101	USE SAKON PO	, >		
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NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDI	RESS				
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TITLE		☐ DELETE	4.1 TITLE			[Change	☐ Addition
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREET ADD	RESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TITLE			_[Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDI	RESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
_TITLE		DELETE	6.1 TITLE				Change	☐ Addition
NAME !			6.2 NAME					}
STREET ADDRESS			6.3 STREET ADD	RESS				
CITY-ST-ZIP		•	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: