

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **301159** ✓  
1. Corporation Name  
**APPROVED ELECTRIC COMPANY OF FLORIDA**

Principal Place of Business  
**4874 S ORANGE AVENUE  
ORLANDO FL 32806**

Mailing Address  
**4874 S ORANGE AVENUE  
ORLANDO FL 32806-6911  
US**

**FILED**  
**Jul 07, 1999 8:00 am**  
**Secretary of State**

07-07-1999 90001 041 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/25/1966	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1112865	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAVIEZEL, MICHAEL J  
524 HARBOUR ISLAND RD  
ORLANDO FL 32809**

81 Name **CHARLES W. CANNON**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4874 S. ORANGE AVENUE**  
83  
84 City **ORLANDO** FL 85 Zip Code **32806**

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 Charles W. Cannon DATE 6-30-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVIEZEL, MICHAEL J	1.2 NAME	
STREET ADDRESS	524 HARBOUR ISLAND RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVIEZEL, MARION E.	2.2 NAME	
STREET ADDRESS	2883 S OSCEOLA AVE #B-4	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT, SECRETARY, TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANNON, CHARLES W.	3.2 NAME	CANNON, CHARLES W.
STREET ADDRESS	9111 SABLE PALM CIRCLE	3.3 STREET ADDRESS	9111 SABLE PALM CIRCLE
CITY-ST-ZIP	WINDERMERE FL	3.4 CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVIEZEL, MICHAEL J.	4.2 NAME	
STREET ADDRESS	524 HARBOUR ISLAND RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W. Cannon  
President 407 8571120  
6-30-99

Date

Daytime Phone #

CR2E034 (5/99)