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

PROFIT CORPORATION ANNUAL REPORT

1000



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1990	25					
	MENT # 00887 ERN ELECTRIC COMPAN	` '					
000		•					
Principal Place	e of Business	Mailing Address			I JORNIC ODTIC TOTOL INIDA JORA JODG I ODIC ODRAK DIAK		
2545 EDISON AVE		2545 EDISON AVE					
JACKSONVILLE FL 32204		JACKSONVILLE FL 32204		DO MOT WRITE IN THE	00400		
					DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE	
					01/01/1919		
2. Principal Place of Business		2a, Mailing Address		4. FEI Number		Applied For	
21		26		59-0456960		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional	
22		27			s, Certificate of Status Desireo	Fee i	Required
City & State		City & State		6. Election Campaign Financing		О Мау Ве	
<b>23</b> Zip	Country	<b>28</b>	Cour	otev	Trust Fund Contribution		to Fees
24	25	29	30	iu y	This corporation owes or has paid the cu     Personal Property Tax due June 30.	_ ′	ntangible No
24	9 Name and Address of Curi		[30]		10. Name and Address of New Registered		
SAI	MS,W TAYLOR			81 Name		<del></del>	
	O RIVERSIDE AVE		ŀ	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32204					dates (1.6. box Hamber to Not Newsplatio)		
				83			
			ŀ	84 City		85 Zip	Code
					FL.	•     i	
11. Pursuant l	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	0502 and 607.1508, Florida State ate of Florida. Such change was	ites, the ab authorized	ove-named co by the corpo	corporation submits this statement for the purpose operation's board of directors. I hereby accept the app	it changing pointment a	its registered is registered
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, F	lorida Stati	ites	, , ,		•
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NC	IIF: Registered	Agent signst ve re	payired when reinstating) DATE		
12.		AND DIRECTORS	13.	Agon agnator to	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTO	RS IN 12
TITLE	PO			LE		☐ Change	
NAME	SAMS,W TAYLOR	12		ME			
STREET ADDRESS	2220 RIVERSIDE AVE.		1.3 STI	REET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	SONVILLE FL		Y-ST-ZIP			
TITLE	VO	L DELETE	2.1 TIT	LE		Change	Addition
NAME	BUTLER,R R		2.2 NA	ME			
STREET ADDRESS	7508 OLD KINGS RD S.			HEET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL STD	DELETE	2. 4 CT 3.1 FIT	ry-St-zip		Change	Addition
TITLE	MORRIS, ELLEN J.					☐ Citalige	- MODILION
NAME STREET ADDRESS	4111 DIMSDALE ROAD		3.2 NAI	REET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			IY-ST-ZIP			
TITLE		☐ DELETE	4.1 TiT		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			4. 2 NA	1		_ •	
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE 5.11				Change	Addition
NAME			5.2 NAI	ME			
STREET ADDRESS			5.3 STF	REET ADDRESS			
CITY-ST-ZIP		<b>—</b>		Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TIT	LE		☐ Change	Addition
NAME			6.2 NAI	1			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	•		6.4 CiT	Y-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.

W. Taylor

2/17/00

(004) 205 4645

**FILED** 

Feb 19 1998 8:00am

Secretary of State