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PROFIT CORPORATION ANNUAL REPORT



Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

(0)

BESCO ELECTRIC SUPPLY COMPANY OF FLORIDA

Principal Place		Mailing Address				
711 SOUTH 14TH STREET P.O. BOX 491366 LEESBURG FL 34749-8366		711 SOUTH 14TH STREET P.O. BOX 491366 LEESBURG FL 34749-1386				
				DO NOT WRITE IN THIS SPACE		
	. • • • • • • • • • • • • • • • • • • •	US	•	3. Date Incorporated or Qualified	<u> </u>	
				08/16/1954		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Ар	plied For
21		26		59-0720345	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27		Cermicate of Status Desired	Fee Re	quired
City & State	9	City & State		6. Election Campaign Financing	\$5.00	May Be
23	1 00-1	28]		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes or has p		
24	9, Name and Address of Curre	nt Registered Agent	30	Personal Property Tax due Jun 10. Name and Address of New R		No
000		iii nagistatau Agaili	81 Name	ID. Name and Address of New A	Jahrenan Whent	
	AUN, DOUGLAS W.		1 110			
	SOUTH 14TH STREET		82 Street Add	dress (P.O. Box Number is Not Accepta	able)	
LEE	SBURG FL 34748		83			
			84 City		FI 85 Zip C	ode
14 Durament b	o the provisions of Sections 607 060	22 and CO7 1509 Florida Clatut	on the obeye nemed so	rporation submits this statement for the		
11. Pursuani i	egistered agent, or both, in the State	of Florida, Such change was a	es, the above-named cor authorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	i purpose of changing its opt the appointment as f	s registerea registered
Office or re		ntions of Contion COZ SECE Flo	vida Statutae	·		•
office or re agent. I ar	n familiar with, and accept the oblig	alions of, Section 607,0505, Fig	noa biatatas.			
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agi	ent and title it applicable (NOTE	E: Registered Agent signature requ	uirod when reinslating)	DATE	S IN 12
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS AN	ent and title it applicable (NOTE	E: Registered Agent signature requ		DATE	
SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS AN	ent and title it applicable (NOTE	E: Registered Agent signature required. 13. 1.1 TITLE	uirod when reinslating)	DATE	S IN 12
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SIGNATURE:

Mi W BLAW DOUGLAS W. BRAUN

FILED

Feb 02 1998 8:00am

Secretary of State

1/26/98 (352) 787-4542