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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90025 048 \*\*\*150.00

ANDERS	ON ELECTRIC SUPPLY INC	)						
						_	1 <b>6</b> 1811 01911 <b>6</b> 1811 0	
Principal Place		Mailing Address	•					
201 BASE AVENUE E 201 BASE AVENUE E VENICE FL 34285 VENICE FL 34285						DO NOT WRITE IN THIS SPACE		
ļ	•					3. Date Incorporated or Qualified	IS SPACE	—— <u> </u>
						03/30/1956		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	plied For
21		26				59-0777246		t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	*; <b>→</b> -		²	5. Certificate of Status Desired	\$8.75 A	Additional _ quired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip		untry		8. This corporation owes the current year l		
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registere	a Agent	
DAV	IS FLOVO			"	Name			
DAVIS, FLOYD 201 BASE AVE. E.				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
VENICE FL 34285				83				
				84	City		. 85 Zip C	Code
	<u> </u>	· 9****		1	٠.	<u> </u>	LII	j
11. Pursuant office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida. Such change was a tions of, Section 607.0505, Flo	es, the a uthorized rida Stati	d by t tutes.	-named corpo the comporation	ration submits this statement for the purpose o's board of directors. I hereby accept the app	or changing its pointment as req	jistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered	d Agent	signature required	when reinstating) DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PV	☐ DELETE	1.1 TF	TILE			☐ Change	Addition
NAME ]	DAVIS, FLOYD		1.2 N	IAME				ĺ
STREET ADDRESS	201 BASE AVENUE E		1.3 ST	TREET.	ADDRESS			
CITY-ST-ZIP	VENICE, FL 00000		1.4 CI	TY-ST	-ZIP			
TITLE	TS							
NAME	DAVIS, DOROTHY J.	☐ DELETE	2.1 TI	TILE			Change	☐ Addition
	·	LJ DELETE	2.1 TI 2.2 N/				Change	☐ Addition
STREET ADDRESS	201 BASE AVENUE E	. DELETE	2.2 N	IAME	ADORESS		☐ Change	Addition
CITY-ST-ZIP	201 BASE AVENUE E VENICE, FL 00000		2.2 N/ 2.3 ST 2.4 C	IAME STREET CITY-ST				
	[* / ·	☐ DELETE	2.2 NA 2.3 ST 2.4 C 3.1 TF	NAME STREET CITY-ST TILE			☐ Change	Addition
CITY-ST-ZIP	[* / ·		2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/	TREET  CITY-ST  TILE  LAME	T-ZIP			
CITY-ST-ZIP	[* / ·		2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST	TAME STREET CITY-ST TILE LAME STREET	T-ZIP ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	[* / ·	DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4. C	IAME STREET OTTLE LAME STREET CITY-ST	T-ZIP ADDRESS		Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS	[* / ·		2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4. C 4.1 TI	TILE CITY-ST TILE CITY-ST TILE TITLE TITLE TITLE TITLE TITLE TITLE	T-ZIP ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	[* / ·	DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST 3.4. C 4.1 TF 4.2 N/	TAME  TITLE  TAME  TITLE  TITLE  TITLE  TITLE  TITLE  NAME	T.ZIP  ADDRESS T.ZIP		Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	[* / ·	DELETE	22 NV 23 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST	TAME  STREET  CITY-ST  TILE  STREET  CITY-ST  TILE  NAME  STREET	ADDRESS T-ZIP  ADDRESS ADDRESS		Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	[* / ·	DELETE	22 NV 23 ST 2.4 C 3.1 TT 32 NV 33 ST 34. C 4.1 TT 4.2 N 4.3 ST 4.4 CI	COTY-ST TITLE VAME STREET CITY-ST TITLE NAME STREET CITY-ST	ADDRESS T-ZIP  ADDRESS ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	[* / ·	DELETE	22 NV 23 ST 2.4 C 3.1 TT 32 NV 33 SS 34. C 4.1 TT 4.2 N 4.3 SS 4.4 CI 5.1 TI	TILE  NAME  STREET  CITY-ST  TILE  NAME  STREET  CITY-ST  TILE	ADDRESS T-ZIP  ADDRESS ADDRESS		Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	[* / ·	DELETE	22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV	TAME STREET CITY-ST TILE STREET CITY-ST TILE NAME STREET CITY-ST TILE TILE TILE TILE TILE TILE TILE TIL	ADDRESS 1- ZIP  ADDRESS 5- ZIP		☐ Change	☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	[* / ·	DELETE	22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 SI 3.4 C 4.1 TT 4.2 N 4.3 SI 4.4 CI 5.1 TT 5.2 NV 5.3 SI 5.4 CI	CONTY-ST TILE WAME STREET TITLE WAME STREET TITLE WAME STREET TITLE WAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS		☐ Change	Addition  Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	[* / ·	DELETE	22 NV 23 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST	CONTY-ST TITLE  VAME STREET TOTTLE  NAME STREET TOTTLE  VAME TOTTLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS		☐ Change	☐ Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99

941-488-6794

Daytime Phone #