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

PROFIT CORPORATION **ANNUAL REPORT** 1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 218401 SANFORD ELECTRIC COMPANY INC

(8)

**FILED** Feb 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						i didit didit 1841	
2522 SOUTH PARK DRIVE P O BOX 2025 SANFORD FL 32773-5147		2522 SOUTH PARK DRIVE P O BOX 2025 SANFORD FL 32773-5147			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					12/20/1958		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For Not Applicable	
Suite, Apt #, etc		Sute, Apt. #. etc.			59-0874230	75 Additional	
22		27				e Required	
City & State		City & State			Election Campaign Financing \$5.	.00 May Be	
23		28				ded to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year	ar Intangible	
24	25 Name and Address of Currer		30		Personal Property Tax due June 30. Let Yes Let No  10. Name and Address of New Registered Agent		
	— <del>-71</del>	it negistered Agent	- 1	Name	10. Hallo disa Madioco of Host Maginton Maginto		
HARPER JR.E C 2001 MELLONVILLE			Ļ	10 000 00 4 4 4			
SANFORD FL 32771				Street Address (P.O. Box Number is Not Acceptable)			
			1	33			
				34 City	85	Zip Code	
					FL	, i	
office or r	to the provisions of Sections 607 050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Houda, Such change was at	ulbarized	by the corporal	poration submits this statement for the purpose of chang tion's board of directors. I hereby accept the appointmen	ing its registered	
SIGNATURE	Signatoro, typed or profess name of no polered ag-	and conditation of moral matrix. (N/11)	Bogistered	Agent signalure regul	red when reinstating) DATE		
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12	
TITLE	D	DELETE 1.1		ŧ	☐ Cha	inge	
NAME	HARPER, E C JR		1.2 NAME			:	
STREET ADDRESS 2001 S MELLONVILLE AVE			1.3 STREET ADDRESS			Į.	
CITY-ST-ZIP				/-ST-ZIP		and Addition	
TITLE	<del></del>		2.1 1111		Cha	inge Addition	
NAME	JOHNSON, JERRY		2.2 NAME				
STREET ADDRESS	105 MAYFAIR CIRCLE		2 3 STREET ADDRESS		<b>\\</b> 1		
CITY-\$1-ZIP TITLE	SANFORD FL DELETE		2 4 UII	Y-ST-ZIP	Cha	ange Addition	
NAME	_		3.2 NA				
STREET ADDRESS	AAA A AFEL OLD BLE ALE		3.3 STREET ADDRESS				
CITY-ST-7IP	OALIEGOD EL GARAGO			Y-S1-ZIP		İ	
TITLE	ST	DELETE	4.1 111		☐ Cha	ange 🔲 Addition	
NAME	HUBLER, BARBARA		4. 2 NA	ME			
STREET ADDRESS	910 W. 20TH ST.		4.3 STF	EET ADDRESS			
CITY-ST-7IP	SANFORD FL		4.4 CIT	Y - ST - ZIP			
TITLE		DELETE	5.1 T(T)	1	☐ Cha	ange Addition	
NAME			5.2 NAI				
STREET ADDRESS				EET ADDRESS		]	
CITY - ST - ZIP				Y-ST-ZIP	☐ Che	ange Addition	
TITLE			6.1 TITLE		L) Uni	anda 🗂 Wadiiniii	
NAME			6.2 NAI			ł	
STREET ADDRESS				EET ADDRESS		į	
City-St-2iP	cently that the information supplied y	vith this filing does not qualify fo		Y-ST-ZIP motion stated in	Section 119.07(3)(i), Florida Statutes. I further certify the	at the information	

indicated on this annual report or supplied with one ming does not quality to the exemption stated in Section 119.07(3)(f). Florida Statules, I further certify that the information indicated on this annual report or supplier chief and under oath; that I am an officer or director of the confortion 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 an an attachment with an address.