

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90043 036 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT #245380 <i>VoK</i> 1. Corporation Name CREEL ELECTRIC COMPANY, INC. | | | |
| Principal Place of Business 4651 HIGHWAY AVENUE JACKSONVILLE FL 32254 | | Mailing Address PO BOX 37031 JACKSONVILLE FL 32254-4123 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | |
| 3. Date Incorporated or Qualified MARCH, 1966 | | 4. FBI Number 59-0919181 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Added to Fee | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 Added to Fee | |
| 7. This corporation owes the current year intangible property tax. <input type="checkbox"/> Yes | | 8. This corporation owes the current year intangible property tax. <input type="checkbox"/> Yes | |
| 9. Name and Address of Current Registered Agent CORTEZ CREEL 4651 HIGHWAY AVENUE JACKSONVILLE FL 32205 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip | |
| 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 change as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | | CORTEZ CREEL (NOTE: Registered Agent signature required when reinstating) | |
| 12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | |
| PRESIDENT CORTEZ CREEL 4651 HIGHWAY AVENUE JACKSONVILLE FL 32205 | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | |
| VICE-PRESIDENT FRANK CREEL 4651 HIGHWAY AVENUE JACKSONVILLE FL 32205 | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 I were the owner of the corporation; 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; that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Franklin M. Creel* **FRANKLIN M. CREEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 904-387

Date

Daytime Phone #