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**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # 248340



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90012 003 \*\*\*550.00

	n Name						
CROWN	ELECTRIC, INC.						
1					1 120H2 (10H 2:20H 1212) (15H 213H 125H 2	181)	HAN AMAN HAN
Principal Place	e of Business	Mailing Address	<del></del>		I (BRILL ) 1914 BIRNI 18188 IIII IIII ALDIL BRIL BI	PRES WINDS BANKS BANKS W	ITANE ALANI EN AL
P.O.BOX 101		P.O.BOX 101			ļ		
2325 HIGHWAY #60 EAST 2325 HIGHWAY #60 EAST							
BARTOW FL 33830 BARTOW FL 33830					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 06/12/1961		
2. Principal P	lace of Business	2a. Mailing Addr	ess		4. FEI Number	Ap	plied For
21		26			59-0936600	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.		5. Certifcate of Status Desired	\$8.75 <i>i</i>	
22 27 27 27 27 27 27 27 27 27 27 27 27 2					Fee Re	<del></del>	
City & State		—	City & State		6. Election Campaign Financing	\$5.00	· · · · · · · · · · · · · · · · · · ·
23		28		4	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Cour	iuy	8. This corporation owes the current year	r Intangible X Yes	□No
24	25	29   s of Current Registered Agent	30		Personal Property Tax.  10. Name and Address of New Registe		
	5. Name and Address	s of Current Registered Agent		81 Name	10. Name and Address of New Adgrate	cu Agoin	
LAUI	RENT, JOHN F.		Į			<del></del>	
	E. DAVIDSON		ĺ	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	TOW FL 33830		}	83			
			ĺ	••			
				84 City		<b>EL</b> 85 Zip (	Code
11. Pursuant	to the provisions of Section	ons 607.0502 and 607.1508, Flori	da Statutes, the ab	ove-named cor	rporation submits this statement for the purpos	e of changing its	registered
office of r	egistered agent, or both, i im familiar with, and accep	n the State of Florida, Such chan of the obligations of, Section 607.	ge was autnorizeo 0505, Florida Statu	by the corpora les.	tion's board of directors. I hereby accept the a	oponiunent as re	gistered
SIGNATURE							ļ
		registered agent and title if applicable	(NOTE: Registered A	kgent signature requi	ired when reinstating) DATE		
12.							
		FICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSTD		ELETE 1.1 TITL		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE NAME	PSTD Douberly, K. E	□ D	ELETE 1.1 TITE 1.2 NAM	AE .	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSTD DOUBERLY, K. E 305 PEACE RIVER PA	□ D	ELETE 1.1 TITL 1.2 NAM 1.3 STR	ME LEET ADORESS	ADDITIONS/CHANGES TO OFFICERS		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PSTD DOUBERLY, K. E 305 PEACE RIVER PA BARTOW FL	ARK RD.	ELETE 1.1 TITE 1.2 NAN 1.3 STR 1.4 CIT	ME MEET ADORESS Y-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PSTD DOUBERLY, K. E 305 PEACE RIVER PA BARTOW FL VP	ARK RD.	1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT ELETE 2.1 TITL	ME MEET ADORESS Y-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD DOUBERLY, K. E 305 PEACE RIVER PA BARTOW FL VP GANDY, DENNIS	ARK RD.	1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM	MEET ADORESS Y-ST-ZIP E ME	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD DOUBERLY, K. E 305 PEACE RIVER PARTOW FL VP GANDY, DENNIS 1140 NORTH MILL A	ARK RD.	1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF	ME MEET ADDRESS V-ST-ZIP E ME MEET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PSTD DOUBERLY, K. E 305 PEACE RIVER PA BARTOW FL VP GANDY, DENNIS	ARK RD.  VE.	ELETE 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT ELETE 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT	ME MEET ADORESS V-ST-ZIP E ME MEET ADORESS V-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PSTD DOUBERLY, K. E 305 PEACE RIVER PARTOW FL VP GANDY, DENNIS 1140 NORTH MILL A	ARK RD.  VE.	ELETE 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT ELETE 3.1 TITL	ME MEET ADORESS Y-ST-ZIP E MEET ADORESS Y-ST-ZIP E SEET ADORESS Y-ST-ZIP E	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PSTD DOUBERLY, K. E 305 PEACE RIVER PARTOW FL VP GANDY, DENNIS 1140 NORTH MILL A	ARK RD.  VE.	ELETE 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT ELETE 3.1 TITL 3.2 NAM	ME MEET ADORESS Y-ST-ZIP E MEET ADDRESS Y-ST-ZIP E MEET ADDRESS Y-ST-ZIP E AE	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DOUBERLY, K. E 305 PEACE RIVER PARTOW FL VP GANDY, DENNIS 1140 NORTH MILL A BARTOW FL	ARK RD.  VE.	ELETE 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.2 NAM 2.3 STF 2.4 CIT ELETE 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT	AE  LEET ADORESS  (-ST-ZIP  E  AE  LEET ADORESS  Y-ST-ZIP  E  AE  LEET ADDRESS  Y-ST-ZIP  E  ME  LEET ADDRESS  Y-ST-ZIP  E  ME  LEET ADDRESS  (-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Change ☐ Change	☐ Addition ☐ Addition ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DOUBERLY, K. E 305 PEACE RIVER PARTOW FL VP GANDY, DENNIS 1140 NORTH MILL A BARTOW FL	ARK RD.  VE.	ELETE 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT	ME	ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
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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.

SIGNATURE: Tancel Control
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR