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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 270025

(0)

1. Corporation Name

ABBOTT-TRUE ELECTRIC INC

Principal Place of Business

Mailing Address

635 WILMER AVENUE
ORLANDO FL 32808

635 WILMER AVENUE
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1963

4. FEI Number

59-0869238

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

TRUE, LEROY
635 WILMER AVE.
ORLANDO FL 32808

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 Code

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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Leroy True

Signature, typed or printed, of the registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TRUE, LEROY
STREET ADDRESS 84205 WOODRIDGE LANE
CITY-ST-ZIP EUSTIS FL

TITLE VD
NAME TRUE, MICHAEL L.
STREET ADDRESS 20835 E. HWY. 44
CITY-ST-ZIP EUSTIS FL

TITLE SD
NAME TRUE, EVELYN A
STREET ADDRESS 84205 WOODRIDGE LANE
CITY-ST-ZIP EUSTIS FL

TITLE T
NAME NETTLES, LINDA M.
STREET ADDRESS 6947 BETH ROAD
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Asst. Secretary/Director
True, Evelyn A.
34205 Woodridge Lane
Eustis, FL 32736

Secretary
True, Laurie E.
1114 Woodbine Court
Fern Park, FL 32730

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.

SIGNATURE

4-26-98

407-295-4410

CR2E034 (10/97)