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

Mailing Address 000E NUMBER OF

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 341684

1. Corporation Name

Principal Place of Business

COUNTY WIDE ELECTRIC, INC.

| HIALEAH FL 33 | | HIALEAH FL 33016 | | | DO NOT WRITE IN THIS SPACE | | |
|---------------------|---|--|----------------|------------------------|--|---------------------------------------|---------------------------|
| | | | | | 3. Date Incorporated or Qualifed | | · |
| | | | | | 02/17/1969 | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | A | pplied For |
| 21 | | 26 | | | 59-1260255 | N ₁ | ot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | 19.1 | | | \$8.75 | Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired Fee Required | | |
| City & State | | City & State | i ' | | 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees | | |
| Zip | Country | 28 | Country | - | 8. This corporation owes the current year in | | 101 000 |
| 24 | 25 29 30 | | | Personal Property Tax. | | | |
| :41 | 9. Name and Address of Curren | | <u> </u> | | 10. Name and Address of New Registered | Agent | |
| | | | 81 | Name | | | |
| ROG | ERS, CHARLES A. | | - | 04 | (D.O. Day Niyeshan in Nich Assentable) | | |
| 8085 | 5 N.W. 98TH ST. | | 82 | Street Add | fress (P.O. Box Number is Not Acceptable) | | |
| HIAL | EAH FL 33016 | | 83 | | | | |
| | | | 84 | City | | 85 Zip | Code |
| | | | | <u> </u> | <u> </u> | _ | |
| office or re | egistered agent, or both, in the State | of Florida. Such change was auti | nonzed by | the corporati | poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo | i changing its intment as re | s registered egistered |
| agent. I a | m familiar with, and accept the obliga | tions of, Section 607.0505, Florid | a Statutes | i. | | | , |
| SIGNATURE | Signature, typed or printed name of registered ager | A STATE OF S | nainteend Asse | et aionaturo roquir | red when reinstating) DATE | · · · · · · · · · · · · · · · · · · · | |
| 12. | | ID DIRECTORS | 13. | ii signature redom | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | DRS IN 12 |
| TITLE | P | □ DELETE | 1.1 TITLE | | | ☐ Change | Addition |
| NAME | ROGERS, CHARLES A. | | 1.2 NAME | | | | _ |
| STREET ADDRESS | 8085 N.W. 98TH ST. | | 1.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | HIALEAH FL | | 1.4 CITY-S | T-ZIP | | | |
| TITLE | ST | ☐ DELETE | 2.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | Stuart A. Rogers | | 2.2 NAME | | | | - { |
| STREET ADDRESS | 8085 NW 98TH ST | | 2.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | HIALEAH FL | | 2. 4 CITY-9 | ST-ZIP | - | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 3.2 NAME | | - . | : | |
| STREET ADDRESS | | | 3.3 STREET | T ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4, CITY- S | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | Ì |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | TADDRESS | | | ŀ |
| CITY-ST-ZIP | | <u>_</u> | 5.4 CITY-S | T- ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | | TADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY-S | T-ZIP | | | t |

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:

FILED

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90015 041 ***150.00