Jun 21, 1999 8:00 am Secretary of State

06-21-1999 90010 009 ***550.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # OFOC

 Corporation 	LECTRIC COMPANY, INC.					
Principal Place	of Business	Mailing Address			'i dilli bioli gilli oli	1)(#{#() (##)
3102 OVERLAND RD 3102 OVERLAND D SUILDING D SUILDING		3102 Overland RD Building D Apopka FL 32703		DO NOT WRITE IN TH	IIS SPACE	
US	•	US		3. Date Incorporated or Qualifed		
				10/16/1969 4. FEI Number		lied For
	ace of Business	2a. Mailing Address		59-1284258		Applicable
Suite, Apt.	# ota	Suite, Apt. #, etc.			\$8.75 A	
	,, 610.	27		5. Certifcate of Status Desired	Fee Req	
City & State		City & State		6. Election Campaign Financing	\$5.00_N	May Be
23		28		Trust Fund Contribution	Added to	
Zip	Country 25	Zip	Country 80	This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Current	<u> </u>		10. Name and Address of New Registere		
	or talling blue been one of sections	110910101111111111111111111111111111111	81 Name			
AKERS, GREGORY W			82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
3102 OVERLAND ROAD						
	DING D		83	·		
APU	PKA FL 32703		84 City		85 Zip C	ode
office or re agent, I as	to the provisions of Sections 607.0502 agistered agent, or both, in the State o m familiar with, and accept the obligation Signature, typed or printed name of registered agent	f Florida. Such change was au ons of, Section 607.0505, Flori	inorized by the comorat	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the statement of the purpose ion's board of directors. I hereby accept the appropriate the statement of the purpose ion's board of directors.	of changing its roointment as reg	egistered istered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change	Addition
NAME	AKERS,GREGORY		1.2 NAME			
STREET ADDRESS	3102 OVERLAND RD, BUILDING	D	1.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32703 SD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition
TITLE			2.2 NAME			
NAME	HAYES, MYRA D 3102 Overland RD, Bldg. D		2.3 STREET ADDRESS			
STREET ADDRESS	APOPKA FL 32703		2.4 CITY-ST-ZIP			
CITY-ST-ZIP	VD	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	RICHE, DAVID C		3.2 NAME			
STREET ADDRESS	3102 OVERLAND RD, BLDG. D		3.3 STREET ADDRESS	·		
CITY-ST-ZIP	APOPKA FL 32703		3.4. CITY-ST-ZIP			
TITLE	TD	☐ DELETE	4.1 TITLE		Change	Addition
NAME	HAYES, MYRA D.		4. 2 NAME			
STREET ADDRESS	3102 OVERLAND RD, BLDG. D		4.3 STREET ADDRESS		•	į
CITY-ST-ZIP	APOPKA FL 32703	•	4.4 CITY-ST-ZIP			
TITLE	•	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			ļ
CITY-ST-ZIP		<u> </u>	5.4 C/TY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	•	Change	☐ Addition
NAME			6.2 NAME	: '		
STREET ADDRESS			6.3 STREET ADDRESS			•

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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS