Applied For Not Applicable

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

## 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 # 410622

1. Corporation Name

BIVING ELECTRIC COMPANY

BIVING ELECTRIC COMM / NAT					
Principal Place of Business	Mailing Address	1 100111 01001 11011 00110 0111# 11			
1004 2ND STREET SOUTH JACKSONVILLE BEACH FL 32250	1004 2ND STREET SOUTH JACKSONVILLE BEACH FL 32250	DO NOT WRI			
•		<ol> <li>Date incorporated or Qualifed 10/12/1972</li> </ol>			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number			
21	26	<u>59-1424859</u>			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired			
City & State	City & State	6. Election Campaign Financing			
23	28	Trust Fund Contribution			
Zip Country	Zip Country 30	This corporation owes the curr     Personal Property Tax.			

## Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90033 037 \*\*\*150.00 03-12-1999 90033 038 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

X

Zip	Country	Zip	'	Country		8. This corporation owes the current year				
24	25	29	30			Personal Property Ta		Yes	□No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	DDOCK, DAVID L.			81	Name Street Addi	ress (P.O. Box Number is No	t Acceptable)			
1004 2ND. STREET SOUTH										
JACł	KSONVILLE BEACH FL 32250			83						
				84	City		FL	85 Zip	Code	
office or re	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such chan	ige was author	ized by	the corporation	poration submits this statement on's board of directors. I here	nt for the purpose of eby accept the appoi	changing it ntment as r	s registered egistered	
SIGNATURE			AIOTE D. :			ed when reinstating)	DATE			
40	Signature, typed or printed name of registered agent at OFFICERS AND			13.	n signature require	ADDITIONS/CHANGE		IN DIRECT	ORS IN 12	
12.	STD OFFICERS AND			1.1 TITLE		ADDITIONS/OFFAITOE	O TO OTTIOERO AL	Change		
				.2 NAME					_	
NAME	BRADDOCK, DAVID L.				T ADDRESS					
STREET ADDRESS	1004 2ND STREET SO.									
CITY-ST-ZIP	JACKSONVILLE BCH FL			1.4 CITY-S 2.1 TITLE	1-ZIP			Change	[ ] Addition	
TITLE	PD PD			2.2 NAME						
NAME	BIVINS, RAYMOND G.									
STREET ADDRESS	1004 2ND STREET SO.				TADDRESS					
CITY-ST-ZIP	JACKSONVILLE BCH FL			2. 4 CITY-5 3.1 TITLE	ST-ZIP			Change	Addition	
TITLE								onange		
NAME				3.2 NAME						
STREET ADDRESS					TADDRESS					
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP			Change	☐ Addition	
TITLE				1 TITLE				Change		
NAME				2 NAME	İ					
STREET ADDRESS			I •	3 STREE	ADDRESS					
CITY-ST-ZIP				4.4 CITY-S	T- ZIP			F*** 6)		
TITLE				5.1 TITLE			~	Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS					TADDRESS					
CITY-ST-ZIP				5.4 CITY-S	T-ZIP					
TITLE			ELETE	6.1 TITLE		-		Change	Addition	
NAME				B.2 NAME						
STREET ADDRESS				3 STREE	TADDRESS					
CITY-ST-ZIP				6.4 CITY-S	-					
44 I haraby	certify that the information supplied with	this filing does not	qualify for the	exempt	ion stated in	Section 119.07(3)(i), Florida se shall have the same legal e	Statutes. I further ce	rtify that the	information	

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 is Chapter 6, or on an attachment with an address, with all other like empowered.

SIGNATURE: /

RAYMOND G. BIVINS