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Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90029 040 *****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 441396

1. Corporation Name
ENERGY ELECTRIC, INC.

Principal Place of Business
8112 NORTH NINTH STREET
P O BOX 8125
TAMPA FL 33604

Mailing Address
8112 NORTH NINTH STREET
P O BOX 8125
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/06/1973

4. FEI Number
59-1689769

5. Certificate of Status Desired ☐ Applied For
\$8.75 Additional
Not Applicable
Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOWARK, EDWARD L
315 THIRD AVE. N.
JACKSONVILLE BEACH FL 32250

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
TD
SANFORD, GLENDA J.
628 LAUREL AVENUE
EAGLE LAKE FL

CITY-ST-ZIP ☐ DELETE

TITLE
NAME
PD
SANFORD, CHARLES R
628 LAUREL AVENUE
EAGLE LAKE FL

CITY-ST-ZIP ☐ DELETE

TITLE
NAME
SD
ARNOLD, LILLIAN
8311 REGINA PLACE
TAMPA, FL 00000

CITY-ST-ZIP ☐ DELETE

TITLE
NAME
V.
HARRISON, DAN
709 WEST HENRY AVENUE
TAMPA FL

CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-99 (813) 932-7146

CR2E034 (11/98)