PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

I. Corporatio	MENT # 467579 FNTAL ELECTRICAL CO. OI				
Principal Plac	e of Business	Mailing Address		- I ÎTDIL GILÎ GILÎ IGLEL BINÎ IGLE PEN DIDÎ	i Alan anen anan aran aran 1861
4432 EDGEWAT	TER DR	4432 EDGEWATER DRIVE)	
ORLANDO FL 32804 ORLANDO FL 32804				DO NOT WRITE IN TH	IC CDACE
US		US		3. Date Incorporated or Qualifed	3 SFNOL
{				01/16/1975	,
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1791702	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation owes the current year	
24	25		30	Personal Property Tax.	☐Yes ☐No
24	9. Name and Address of Curren			10. Name and Address of New Registere	d Agent
			81 Name		
	D, BRENDA L		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
103 BAYBERRY ROAD					
ALIA	AMONTE SPRINGS FL 32714		83		
1	₹ *		84 City		85 Zip Code
				F	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statute: of Florida. Such change was au: tions of, Section 607.0505, Flori	s, the above-named corp thorized by the corporation da Statutes.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as registered
SIGNATURE					
L	Signature, typed or printed name of registered ager		Registered Agent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE W	PST OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	LORD, BRENDA		12 NAME		
STREET ADDRESS	103 BAYBERRY		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32714		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NERO, DOREEN		2.2 NAME		
STREET ADDRESS	4432 EDGEWATER DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		2.4 CITY-ST-ZIP		
TITLE		C DELETE	31 TITLE	e	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		[] priett	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		C oversão C vegavos.
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition
NAME		<u></u>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-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 example a statement with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90067 012 ***150.00