Applied For

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999

Zip

24



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

30

DOCUMENT # 177163

25

SMELTZER, ROBERT W. JR.

1710 BIG BRANCH RD.

1. Corporation Name PILOT ELECTRICAL CONSTRUC					
Principal Place of Business	Mailing Address				
4155 HIGHWAY AVENUE JACKSONVILLE FL 32205	4155 HIGHWAY AVENUE JACKSONVILLE FL 32205				
Principal Place of Business	2a. Mailing Address				
21	26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
22	27				
City & State	City & State				
23	28				
Zin Country	Zip Country				

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualifed 06/06/1975

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

4. FEI Number

59-1593141

5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

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

DO NOT WRITE IN THIS SPACE

FILED Mar 01, 1999 8:00 am

Secretary of State

03-01-1999 90180 004 ***150.00

MIDDLEBURG FL 32068		-								
		83								
			84	City	FL	85	Zip Co	ode		
					· -	hangia	a ite s	agistered		
office or re	to the provisions of Sections 607.0502 and 607.15 egistered agent, or both, in the State of Florida. Su m familiar with, and accept the obligations of, Sect	ch change was auth	iorized by	the corpor	corporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoin	mangin tment a	g its regi	stered		
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						
FITLE	ST	DELETE	1.1 TITLE			Cha	nge	Addition		
NAME	PARRISH, SABRA J		1.2 NAME	1						
STREET ADDRESS	4155 HIGHWAY AVE		1.3 STREE	ADDRESS						
CITY-ST-ZIP	MOVOON BULE EL COSEA			T- ZIP						
rmle	P	☐ DELETE	2.1 TITLE			Cha	nge	- Addition		
NAME	SMELTZER, WILLIAM R.		2.2 NAME					į		
STREET ADDRESS	4155 HIGHWAY AVENUE		2.3 STREE	ADDRESS		_				
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-5	T(ZIP)	3	<u> ຊລ</u>				
TITLE	VP	☐ DELETE	3.1 TITLE			Cha	nge	Addition		
VAME	SMELTZER, ROBERT W. JR.		3.2 NAME							
STREET ADDRESS	4155 HIGHWAY AVENUE			ADDRESS	_		/	,		
CITY-ST-ZIP	JACKSONVILLE FL		3,4. CITY-5			<u>aa</u>				
TITLE		☐ DELETE	4.1 TITLE	_		☐ Cha	nge	☐ Addition		
NAME			4 2 NAME							
STREET ADDRESS			4 3 STREE	ADDRESS						
CITY-ST-ZIP			44 CITY-S	T-ZIP						
TITLE		☐ DELETE	5.1 TITLE	j		☐ Cha	nge	Addition		
NAME			5.2 NAME							
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				T 4 4 2 6		
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	nge .	Addition		
NAME			6.2 NAME							
STREET ADDRESS				FADDRESS						
CITY-ST-ZIP			6.4 CITY-S		i- Carting 440 07/03/i) Elected Statutes I forther and	f, the	tha in	formation		
14. I hereby c	certify that the information supplied with this filing d	oes not qualify for th	ie exempt	on stated	in Section 119.07(3)(i), Florida Statutes. I further cert	ny mat	ure m	Ullination		

indicated on this annual report or supplied with this ming does not quality 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

Sabra J. Parrish