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

Mailing Address

PROFIT **CORFORATION ANNUAL REPORT**

1999



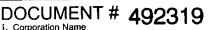
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90039 045 ***150.00



DEL-PAR ELECTRIC, INC.

Principal Place of Business

1411 NORTH TH TAMPA FL 3361	HATCHER AVENUE 4	4411 NORTH THATCHER AVEN TAMPA FL 33614	NUE		DO NOT WRITE IN THIS 3. Date incorporated or Qualifed 12/05/1975			
2. Principal Pl	ace of Business	. 2a. Mailing Address			4. FEI Number		plied For	"
î	. <u> </u>	26			59-1641757		t Applicable	
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75		ĺ
2		27				Fee Re	equirea	1
City & State		City & State			6. Election Campaign Financing	\$5.00	•	
3		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Into			
4	25	29 30	<u> </u>		Personal Property Tax.	☐Yes	□No	1
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent		┨
			8	1 Name				
DE LA PARTE, ANGEL 18005 QUAIL LANE, ROUTE 5, BOX 148				2 Street Add	reet Address (P.O. Box Number is Not Acceptable)			
LUTZ	'FL		8	3				
			<u> </u>	4 City		85 Zip (creti stati (44) Code	1
			8	4 City	FL	103 2.b		
agent. I a	agistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agent	tions of, Section 607.0505, Florida	a Statute	es.	on's board of directors. I hereby accept the appoint			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			{
TITLE	PD	☐ DELETE 1.1 TI			•	☐ Change	☐ Addition	3
NAME	DE LA PARTE,ANGEL		1.2 NAMI	E				3
STREET ADDRESS	18005 QUAIL LANE		1.3 STRE	ET ADDRESS				إ
CITY-ST-ZIP	LUTZ FL		1.4 CITY	-ST-ZIP				ļ
TITLE	S	. DELETE	2.1 TITLE			☐ Change	☐ Addition	'
NAME I	DE LA PARTE,MARY		2.2 NAM	E				
STREET ADDRESS	ROUTE 5, BOX 148		2.3 STRE	ET ADDRESS		•		
CITY-ST-ZIP	LUTZ FL		2. 4 CITY	-ST-ZIP		<u> </u>		_
TITLE	V	☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME	DE LA PARTE, ANDREW		3.2 NAM	E				1
STREET ADDRESS	17021 SHADY PINES DR		3.3 STR	ET ADDRESS	<i>,</i> •		3 6 1 9 11	
CITY-ST-ZIP	LUTZ FL		3.4. CITY	-ST-ZIP	: <u></u>		上版版	_
TITLE		☐ DELETE	4.1 TITLE			Change	4. ■ Addition	
NAME			4. 2 NAM	se				
STREET ADDRESS			4.3 STRE	EET ADDRESS				
	,			-ST-ZIP	• •			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLI			Change	Addition	1
NAME			5.2 NAM		g with the state of the state o			-
			5.3 STRI	EET ADDRESS				
STREET ADDRESS	F)		5.4 CITY	-ST-ZIP				
CITY-ST-ZIP	100	☐ DELETE	6.1 TITL			☐ Change	Addition	1
TITLE	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		6.2 NAM	ε				1
NAME	Light St.			EET ADORESS				1
STREET ADDRESS	i ' '		5,5 0.10		•			

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