

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90087 040 ***158.75

DOCUMENT # 493079

1. Corporation Name

EVERREADY ELECTRIC SERVICES, INC.

Principal Place of Business

ROUTE TEN, BOX 114 (ZIP 32310)
P.O. BOX 5406
TALLAHASSEE FL 32314

Mailing Address

ROUTE TEN BOX 114 (ZIP 32310)
TALLAHASSEE FL 32310
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1975

4. FEI Number

59-1636147

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

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

2. Principal Place of Business

21 1509 Gram Lane

2a. Mailing Address

26 1509 Gram Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tallahassee, Fl. 32310

City & State

28

Zip

Country

24 32310

25 USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GRAMLING WILBUR R
RT 10 BO 117
TALLAHASSEE FL 32310**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **PV**

STREET ADDRESS **GRAMLING, WILBUR R**

CITY-ST-ZIP **RT 10 BOX 114**

TALLAHASSEE FL

TITLE ☐ DELETE

NAME **VT**

STREET ADDRESS **GRAMLING, WILBUR RAY**

CITY-ST-ZIP **RR 10 BOX 114**

TALLAHASSEE FL

TITLE ☐ DELETE

NAME **ST**

STREET ADDRESS **LEON GLENN GRAMLING**

CITY-ST-ZIP **RT 10 BOX 114**

TALLAHASSEE FL 32310

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1509 Gram Lane

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1509 Gram Lane

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1509 Gram Lane

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: *Wilbur Ray Gramling* President

2/5/99

(850) 576-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)