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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 533202

(8)

U & R ELECTRIC, INC.

**FILED** Apr 27 1998 8:00am Secretary of State

<u> </u>							
Principal Plac	e of Business	Mailing Address			- I TRAIDE DATED HIND ATTEN DELLE THAT BIRTH O	VANI BIRIN ANDRY AN	/# 01 <b>010</b> 11 18#
540 N. HIGHWAY 434 STE. 534-A ALTAMONTE SPRINGS FL 32701 US		540 N HWY 434 STE 534-A ALTAMONTE 8PRINGS F US	STE 534-A ALTAMONTE SPRINGS FL 32711		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
<u> </u>					05/06/1977		ľ
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number		Applied For
21 26		26			59-1736885	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	of Status Desired \$8.75 Additional Fee Required	
City & State City & State 23 28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		
Zip	Country	Zιρ	Cour	itry	B. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registers	d Agent	
	NDELL, LESTER D.		l'	B1 Name			i
540 N. HWY 434 STE, 534-A				Street Add	dress (P.O. Box Number is Not Acceptable)		
AL'	TAMONTE SPRINGS FL 32701		Ţ	B3			
			h	84 City		. 85 Zip	Code
					F		
office or nagent. I a					poration submits this statement for the purpose ation's board of directors. I hereby accept the a		s registered
ļ	Signatura, typed or printed name of registered ag	ont and lifte if applicable (NOT) ID DIRECTORS		Agent signature requ	uired when reinstating) DATE		<del>55 m  </del> [
12.	PDT OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	
NAME	RANDALL, LESTER D	□ offert	1.2 NA			☐ Cirende	
STREET ADDRESS	514 GREENBRIAR BLVD						{
	ALCOHOLD AND DE ALCOHOLD			EET ADORESS			Į
CITY-ST-ZIP TITLE			21 7171	r-ST-ZIP		Change	Addition C
NAME			22 NAM			L., O., W., Bo	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRING FL		1				İ
TITLE			3.1 TITL	Y-ST-ZIP		Change	Addition
NAME		C. J VICE IL	3.2 NA			Las Crango	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE	<del></del>	☐ DELETE	4.1 TITE			Change	Addition
NAME			4.2 NA	1		· ·	_
STREET ADDRESS			•	EET ADORESS			
CITY-ST-ZIP				r-ST-ZIP			1
TITLE		DELETE	5.1 HTL			Change	Addition
NAME		_	5.2 NAM			•	į
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				r-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL			Change	Addition
NAME I			6.2 NAA			•	1
STREET ADORESS				EET ADORESS			
CITY-ST-ZIP				(-ST-ZIP			
OHITOITCHT			0.4011	-01-41			

14. Thereby 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 suppliemental execute 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 empoyered 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 attrictiment with an address.

4-19.90

407-774-5106