


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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90112 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 562154

1. Corporation Name
~~ROBERTSON ELECTRIC, INC.~~
EDMONSON ELECTRIC, INC.

Principal Place of Business 16417 N. FLORIDA AVE. LUTZ FL 33549	Mailing Address 16417 N. FLORIDA AVE. LUTZ FL 33549
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1034 Shipper Road	2a. Mailing Address 26 1034 Shipper Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Tampa, Florida	City & State 28 Tampa, Florida
Zip 24 33613	Zip 29 33613
Country 25	Country 30

3. Date Incorporated or Qualified 03/16/1978	Applied For Not Applicable
4. FEI Number 59-1826189	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

EDMONSON, WILLIAM H.
12217 OLD MORRIS BRIDGE RD.
TAMPA FL 33637

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD <input type="checkbox"/> DELETE
NAME	EDMONSON, TERRANCE W.
STREET ADDRESS	20012 HOLLY LAKE PLACE 1006 County Line Rd
CITY-ST-ZIP	LUTZ FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	EDMONSON, WILLIAM H.
STREET ADDRESS	12217 OLD MORRIS BRIDGE
CITY-ST-ZIP	TAMPA FL
TITLE	TR <input type="checkbox"/> DELETE
NAME	EDMONSON, KEVIN K.
STREET ADDRESS	1012 WISPER RUN COURT
CITY-ST-ZIP	LUTZ FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE: **4-12-99** (813) 910-3403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # _____

CR2E034 (11/98)