

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
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90112 049 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1978

2. Principal Place of Business

21 1034 Shipper Road

Suite, Apt. #, etc.

22 City & State
23 Tampa, Florida

Zip Country

24 33613 25

2a. Mailing Address

26 1034 Shipper Road

Suite, Apt. #, etc.

27 City & State
28 Tampa, Florida

Zip Country

29 33613 30

4. FEI Number

59-1826189

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes 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

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 SD
NAME EDMONSON, TERRANCE W.
STREET ADDRESS 20042 HOLLY LAKE PLACE 1006 County Line Rd
CITY-ST-ZIP LUTZ FL

TITLE PD
NAME EDMONSON, WILLIAM H.
STREET ADDRESS 12217 OLD MORRIS BRIDGE
CITY-ST-ZIP TAMPA FL

TITLE TR
NAME EDMONSON, KEVIN K.
STREET ADDRESS 1012 WISPER RUN COURT
CITY-ST-ZIP LUTZ FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

(813) 910-3403

Daytime Phone #

CR2E034 (11/98)

0377108