Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90033 036 ***150.00

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

OCHMENT

	VIEW # 582236)			•				
Corporation CTLLADT									
STUART	ELECTRIC, INC.					a and aran ar	an sisn b		11
									1
Principal Place	e of Business	Mailing Address			T COMPANY AND THE COMPANY OF THE COM	¥ MILL BIRKI BIL	#11 #1#11 #1	TMIT MAREL MIMIT IME	H
3055 S.W. EDWARD AVE. 3055 S.W. EDWARD AVE.									
P. O. BOX 474		P. O. BOX 474			DO NOT WOIT	TIM THIS:	CDACE		
PALM CITY FL	PALM CITY FL 34990			DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed 08/15/1978				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			59-1835836			Not Applicab	e
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired			5 Additional	
22		27						Required	_
City & State	е	City & State			6. Election Campaign Financing		•	00 May Be led to Fees	
23	28				Trust Fund Contribution			ed to rees	-
Zip	Country	Zip	Country	′	 This corporation owes the current Personal Property Tax. 		ingible □Yes	□No	- [
24	9. Name and Address of Currer	29 3	101		10. Name and Address of New Re				
	9. Name and Address of Curren	it Kadistelan Adelit	81	Name		B 101010	3944	11-11	\neg
BUR	KEY, ALBERT R. JR.				<u> </u>	 			
3055 SW EDWARDS AVE			82	Street Ad	Idress (P.O. Box Number is Not Acceptab	le)			
	ART FL 33494		83	 			•		\neg
0.0.				_					_
			84	City		FL	85 Z	Zip Code	- 1
11 Dureyant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above	e-named co	prporation submits this statement for the p	urpose of o	changing	its registered	
office or n	egistered agent, or both, in the State	of Florida. Such change was aut	horized by	the corpora	ation's board of directors. I hereby accept	the appoin	tment a	s registered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statute:	5.					J
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	Registered Age	nt signature requ	ired when reinstating)	DATE			J
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AN	D DIREC	CTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE				Chan	nge 🔲 Additi	.on
NAME	BURKEY, ALBERT R. JR.		1.2 NAME						
STREET ADDRESS	3055 SW EDWARDS AVE		1.3 STREE	TADDRESS					
CITY-ST-ZIP	PALM CITY FL		1.4 CITY+5	ST-ZIP					
TITLE	STD	☐ DELETE	2.1 TITLE				☐ Chan	nge 🗌 Addit	ion
NAME	BURKEY, CHARLOTTE		2.2 NAME						ļ
STREET ADDRESS	3055 SW EDWARDS AVE		2.3 STREE	TADDRESS					
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				☐ Chan	nge □ Addit	ion
NAME			3.2 NAME		and the state of t	سپديد .		s &·	
STREET ADDRESS			3.3 STREE	TADDRESS					ļ
CITY+ST-ZIP			3.4. CITY-	ST-ZIP					_
TITLE		☐ DELETE	4.1 TITLE				Char	nge 🗌 Addit	ion
NAME			4, 2 NAME						
STREET ADDRESS			4.3 STREE	TADORESS					ļ
C/TY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		-		Chan	nge 🗌 Addit	ion
NAME			5.2 NAME					•	
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Char	nge 🗌 Addit	ion

6.4 CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADORESS