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

**PROFIT** Apr 30 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)591060 CHAMBERS ELECTRIC, INC. Principal Place of Business Mailing Address 3744 MALEC CIRCLE 3744 MALEC CIRCLE SARASOTA FL 34233 SARASOTA FL 34233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/25/1978</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1852487 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc.  $\Box$ 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ζiρ Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHAMBERS, DAVID S. JR. 3744 MALEC CIRCLE Street Address (P.O. Box Number is Not Acceptable) **SARASOTA, FL H 34233** 83 Zip Code 84 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change \_\_\_ Addition 1.1 TITLE TITLE ٧D CHAMBERS, DAVE 1.2 NAME HAME 4351 IOLA DR 1.3 STREET ADDRESS STREET ADDRESS SARASOTA, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE CHAMBERS, DAVID S JR 2.2 NAME NAME 8744 MALEC CIR STREET ADDRESS 2.3 STREET ADDRESS SARASOTA, FL 00000 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE \_\_\_ Change Addition 3.1 TITLE TITLE CHAMBERS, SHARON NAME 3.2 NAME **4351 IOLA DR** 3.3 STREET ADDRESS STREET ADDRESS SARASOTA.FL 00000 3.4. CITY - ST- ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE CHAMBERS, JOAN 4. 2 NAME NAME 3744 MALEC CIR 4.3 STREET ADDRESS STREET ADDRESS GARASOTA, FL 00000 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 City-St-ZiP CITY-ST-ZIP Change Addition ☐ DELEŤE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 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 ennual 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 channel, or on an attachment with an address.

**FILED** 

1/9/98