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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLÖRIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(3)

CARCABA ELECTRIC SERVICE, INC.

FILED	
Apr 16 1998 8:0	0am
Secretary of St	ate



1							
Principal Place of Business Mailing Address					4 ISBUIR BLIDG (DITT IDDR) DITRY BLIDT (THE BIRTY BIRTY BIRTY BIRTY BIRTY BIRTY BIRTY BIRTY BIRTY		
89 MASTERS DR 90 MASTERS DR							
ST. AUGUSTINE FL 32095 US US			DO NOT WRITE IN	THE SOLOT			
00		03			DO NOT WRITE IN 3. Date Incorporated or Qualified	This arace	
					09/26/1979		
2. Principal P	Place of Business	2a. Mailing Address			4, FEI Number	Applied For	
21		26			59-1948786	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27			a, Obranosco o, diardo bosned	Fee Required	
City & Stat	10	City & State			6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	Zip	Cour	ntry	Trust Fund Contribution		
24	25	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	g. Name and Address of Cur		1331		10, Name and Address of New Regist		
	RCABA, JAMES F			81 Name			
	MASTERS DR		-	B2 Street Add	iress (P.O. Box Number is Not Acceptable)		
ST	. AUGUSTINE FL 32095		1				
			ľ	B3			
ĺ			Ī	B4 City		85 Zip Code	
at Director	to the provisions of Sections 607.0	3502 and 507 1509. Elected Statut	ton the on	l named sor	poration submits this statement for the purp	FL BS Zip Code	
office of i	registered agent, or both, in the St am familiar with, and accept the ob-	ate of Florida. Such change was :	authorized	by the corpora	tion's board of directors. I hereby accept th	e appointment as registered	
]	am remiliar with, and accept the ou	agadons of, accitor 607,0006, Fil	orida Statt	แยง		}	
SIGNATURE	Signature, typed or printed name of registered	agent and title it applicable. (NOI	E: Flegislered	Agent signature requi	ired when reinstating)	DATE	
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	CARCABA, DEBI L.	☐ DELETE	1.1 TITL			Change Addition	
NAME	93 MASTERS DR		1.2 NA	ĺ		}	
STREET ADDRESS CITY-ST-ZIP	OT ALICHISTINE EL		EET ADDRESS Y-ST-ZIP				
TITLE	DPS DELETE		21 1010			Change Addition	
NAME	CARCABA, JAMES F.		2.2 NAM	AE]]	
STREET ADDRESS	93 MASTERS DR		2.3 STR	EET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL		2. 4 GIT	Y-ST-ZIP			
TITLE	DELETE 3.1		3.1 T(T(i		Change Addition	
NAME			3.2 NAN	ļ			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP			Change Addition	
NAME			4. 2 NA	1			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	(-ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAN	J			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITL	r-ST-ZIP		Change Addition	
NAME		. LJ DELEIL	6.2 NAN	1		CT cuanda CT Varintan	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			6	'-ST-ZIP			
	certify that the information supplied	with this filma does not qualify for			Section 119 07(3)(i) Florida Statutes I furth	per cortifu that the information	

indicated on this annual report or supplied with this tiling does not quality 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 eath; 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.

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