


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90024 031 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 654347

1. Corporation Name
JAMES W. KNIGHT ELECTRIC, INC.

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|---|--|
| Principal Place of Business 3810 US HWY 41 SOUTH TPA 33619 P.O. BOX 5992 TAMPA FL 33675 | Mailing Address 3810 US HWY 41 SOUTH TPA 33619 P.O. BOX 5992 TAMPA FL 33675 US |
|---|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/31/1980 | |
| 4. FEI Number 59-2009529 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 425 50TH STREET SOUTH | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| City & State 23 TAMPA, FLORIDA | City & State 28 |
| Zip 24 33619 | Country 25 USA |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent KNIGHT, JAMES W. 11001 RIVERVIEW DR RIVERVIEW FL 33569 | |
|--|--|

| | |
|--|--------------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name KNIGHT, JAMES W | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 9907 RIVER DRIVE | |
| 83 | |
| 84 City GIBSONTON | 85 Zip Code FL 33534 |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE V | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME KILBOURNE, KEVIN M | | 1.2 NAME | |
| STREET ADDRESS 4355 SIESTA ROAD | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP BROOKSVILLE FL | | 1.4 CITY-ST-ZIP | |
| TITLE P | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME KNIGHT, JAMES W | | 2.2 NAME | |
| STREET ADDRESS 99907 RIVER DRIVE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP GIBSONTON FL | | 2.4 CITY-ST-ZIP | |
| TITLE V | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HAYNES, DONALD | | 3.2 NAME | |
| STREET ADDRESS 6714 NORTH WILLOW | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP TAMPA FL | | 3.4 CITY-ST-ZIP | |
| TITLE S | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME KNIGHT, DIANE | | 4.2 NAME | |
| STREET ADDRESS 9907 RIVER DRIVE | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP GIBSONTON FL 33534 | | 4.4 CITY-ST-ZIP | |
| TITLE T | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME KNIGHT, EVELYN | | 5.2 NAME | |
| STREET ADDRESS 11001 RIVERVIEW DRIVE | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP RIVERVIEW FL 33569 | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: _____ 1/6/99 (813) 248-3877