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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 000

| 1. Corporation   | Name # 692103  |   |   |  |   |
|--|--|---|---|--|---|
| GOLDEN   | I GATE ELECTRIC, INC.  |   |   |  |   |
|  |  |   |   |  |   |
| Principal Place  | e of Business  | Mailing Address   | -   | T (BATER ATEM INITA SIRBE ITALI NATUR EILE ALUEI   | ANDLI MENTE BERTE GEBET BEBEF FRAE                |
| 3231 5TH AVE<br>NAPLES FL 339                          | NW   | 3231 5TH AVE NW<br>NAPLES FL 33964  |   |  |   |
| US   |  |   |   | DO NOT WRITE IN THE  | IS SPACE  |
|  |  |   |   | 3. Date Incorporated or Qualifed 06/18/1981  |   |
| 2. Principal P   | lace of Business   | 2a. Mailing Address   |   | 4. FEI Number  | Applied For                                       |
| 21   |  | 26  |   | 59-2101997   | Not Applicable                                    |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.   | ٠   | -5. Certifcate of Status Desired   | \$8.75 Additional Fee Required                    |
| 22   |  | 27 City & State   | <del></del>   |  |   |
| City & Stat  | ee   | City & State  |   | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees                    |
| <b>23</b> Zip  | Country  | 28 Zip  | Country   | 8. This corporation owes the current year in   |   |
| <b>─</b> `   | 25   | <del></del>   | 30  | Personal Property Tax.   | Yes <b>Y</b> No                                   |
| 24   | 9. Name and Address of Curren  |   | 30  | 10. Name and Address of New Registered   |   |
| 3231   | /SON, SUSAN<br>I 5TH AVE NW<br>LES FL 34120  |   | 81 Name 82 Street Add 83 83 84 City                     | Iress (P. & Box Number is Not Acceptable)  | 85 Zip Code                                       |
| 11. Pursuant<br>office or r<br>agent. I a<br>SIGNATURE | register adagent, or both, in the state<br>im familial with, and accept the obliga | 2 and 607.1508, Florida Statute of Florida. Such change was au tions of, Section 607.0505 Florion and title of applicable. (NOTE: | inorized by the corporali<br>da Statutes.               | poration submits this statement for the purpose of ion's board of directors. I hereby accept the applied when reinstating)  DATE | of changing its registered ointment as registered |
| 12.  |  | ID DIRECTORS  | 13.   | ADDITIONS/CHANGES TO OFFICERS A  | AND DIRECTORS IN 12                               |
| TITLE ,  | PD   | ☐ DELETE  | 1.1 TITLE   |  | ☐ Change ☐ Addition                               |
| NAME   | DAWSON, CRAIG  | •   | 1.2 NAME  |  | <b>\</b>  |
| STREET ADDRESS   | 3231 5TH AVE NW  |   | 1,3 STREET ADDRESS                                      |  |   |
| CITY-ST-ZIP  | NAPLES, FL 00000 34120   |   | 1,4 CITY-ST-ZIP   |  |   |
| TITLE  |  | □ DELETE  | 2.1 TITLE   |  | ☐ Change ☐ Addition                               |
| NAME   | )  |   | 22 NAME   |  | )   |
| STREET ADDRESS   |  |   | 2.3 STREET ADDRESS                                      |  | . ~   |
| CITY-ST-ZIP  |  |   | 2. 4 CITY-ST-ZIP  |  | Doi: maide  |
| TITLE  | (  | ☐ DELETE  | 3.1 TITLE   |  | Change Addition                                   |
| NAME   |  |   | 3.2 NAME  |  |   |
| STREET ADDRESS   |  |   | 3.3 STREET ADDRESS                                      |  | /   |
| CITY-ST-ZIP  |  |   | 3.4. CITY-ST-ZIP  |  | Character C Addition                              |
| TITLE  |  | ☐ DELETE  | 4.1 TITLE   | Je P   | ☐ Change ☐ Addition                               |
| NAME   | {  |   | 4, 2 NAME   |  |   |
| STREET ADDRESS   | i  |   | 4.3 STREET ADDRESS                                      | <i>3</i>   |   |
| CITY-ST-ZIP  |  |   |   |  |   |
|  | ļ  |   | 4.4 CITY-ST-ZIP   | <u></u>  | D Change  |
| TITLE  |  | DELETE  | 5.1 TITLE .   | <u>a'</u>  | ☐ Change ☐ Addition                               |
| NAME   |  | DELETE  | 5.1 TITLE .<br>5.2 NAME                                 | <i>a'</i>  | Change Addition                                   |
|  |  | ☐ DELETE  | 5.1 TITLE .<br>5.2 NAME<br>5.3 STREET ADDRESS           | <u></u>  | ☐ Change ☐ Addition                               |
| NAME<br>STREET ADDRESS<br>CITY+ST-ZIP                  |  |   | 5.1 TITLE . 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <i>a'</i>  |   |
| NAME<br>STREET ADDRESS                                 |  | ☐ DELETE  | 5.1 TITLE .<br>5.2 NAME<br>5.3 STREET ADDRESS           | <i>a</i> '   | Change Addition                                   |

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 of the operation of the empowered to execute this report as required by Chapter 60. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, open an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP