Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90025 023 ***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

DOCUMENT # 848995

· · Corpore no	11 140110				Ł				
ALL-PHASE ELECTRIC SUPPLY CO.					4 (86)0) (0)	4 (40) OL STALL OLOO) (81) O (61)			
Principal P ac	e of Business	Mailing Address	Mailing Address			41 miami i a nta fasta latas p _{at} i ata	IT NINK WINK WINK W	BIL BIBSI (BAL	
875 RIVERVIEW DRIVE		875 RIVERVIEW DRIVE							
BENTON HARBOR MI 49022		BENTON HARBOR MI 49022			DO NOT WRITE IN THIS SPACE				
					3. Date Incorpor	ated or Qualifed			
					04/30/198	l			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			38-160118	38-1601183 Noi Applicati			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required				
22		27							
City & State		City & State		6. Electic in Campaign Financing Trust Fund Contribution		•	\$5.00 Vlay Be Added to Fees		
23	0		Countr					7 FEES	
Zip	Country	Zìp	→		· ·	8. This corporation owes the current year Intangible Personal Property Tax.		□No	
24 25 25 25 24 25 24 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26			30		10. Name and Address of New Registered A				
	5. Name and Address of Curren	. Registered Agent	81	Name	To Hame and to	20.000 01 1.01 1.09.010			
CT (CORPORATION SYSTEM								
	S. PINE ISLAND ROAD		82	Street A	idress (P.O. Bo (Numb	er is Not Acceptable)			
	NTATION FL 33324		83	<u> </u>					
			84	City		F	∎ 85 Zip (:ode ,	
11 Duranus	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the above	e-named o	progration submits this	statement for the purpose	of changing its	registered	
office or r	registered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was aut	horized by	the corpor	ation's board of director	s. I hereby accept the ap	pointment as re	iistered	
SIGNATURE				-1 -:	alred when constatues	DATE			
Signature, typed or printed nome of registered agen and title if applicable. 12. OFFICERS AN 2 DIRECTORS			13.	int signature rec	uired when reinstating ADDITIONS/C	HANGES TO OFFICERS		RS IN 12	
TITLE	V	DELETE	1.1 TITLE			<u> </u>	☐ Change	Addition	
NAME	VEGTER, WILLIAM C		1.2 NAME					l	
STREET ADDRESS			1.3 STREE	TADDRESS					
CITY-ST-ZIP BENTON HARBOR MI			1.4 CITY-5						
TITLE	CB	☐ DELETE	2.1 TITLE				☐ Change	Addition	
NAME	KINNEY, RONALD F		2.2 NAME						
STREET ADDR :SS	ALAN OLIMERALISTE DENE		2.3 STREE	TADDRESS					
CITY-ST-ZIP	ST JOSEPH MI		2 4 CITY-ST-ZIP						
TITLE	VD	☐ DELETE	3 1 TITLE			-	☐ Change	Addition	
NAME	KINNEY, RICHARD M		3.2 NAME						
STREET ADDR ESS	THE RESERVE TO SERVE		3 3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE	SD	DELETE	4.1 TITLE		-		Change	Addition	
NAME	KINNEY, PATRICK J	•	4. 2 NAME	:					
STREET ADDRESS			4 3 STREE	T ADDRESS					
CITY-ST-ZIP	ST JOSEPH MI		4.4 CITY-1	ST-ZIP					

14. I here by 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 signa ure 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 change 1, or on an attachment with an address, with all other like empowered

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

RENWICK, WILLIAM K

ST JOSEPH MI

ST. JOSEPH MI

KINNEY, STEPHEN

3401 LAKESHORE DRIVE

VD

3401 S LAKESHORE DRIVE

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

TITLE

NAME

Daytime Phone #

☐ Change

☐ Change

Addition

☐ Addition