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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F18956

1. Corporation Name T & M ELECTRIC OF CLAY COUNTY, INC.



Principal Place of Business 170-H COLLEGE DRIVE ORANGE PARK FL 32065 US
Mailing Address G/O DAVID A. KING, ATTORNEY 1116 KINGOLEY AVENUE ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/14/1981
4. FEI Number 59-2052695 Applied For Not Applicable
5. Certificate of Status Desired X \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. X Yes No

2. Principal Place of Business 21 170-H College Drive
2a. Mailing Address 26 170-H College Drive
22 Suite, Apt. #, etc. 27
23 City & State Orange Park, FL 28 Orange Park, FL
24 Zip 32065 25 Country USA 29 Zip 32065 30 Country USA

9. Name and Address of Current Registered Agent LINTON, JAMES E. 170 COLLEGE DR. SUITE H ORANGE PARK FL 32065

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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) DATE

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Contains one entry for PD LINTON, JAMES E. at 1613 NOLAN ROAD, MIDDLEBURG FL.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and checkboxes for Change and Addition. Contains 6 rows of empty fields for new officers/directors.

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: [Signature] Date Daytime Phone #

CR2E034 (1/98)