

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


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Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90070 025 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F33988					
1. Corporation Name GULFVIEW ELECTRIC, INC.					
Principal Place of Business 6540 INDUSTRIAL AVE PT RICHEY FL 34668			Mailing Address 6540 INDUSTRIAL AVE PT RICHEY FL 34668		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/08/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2093914	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8. This corporation owes the current year Intangible	
Country		Country		Personal Property Tax:	
25		30		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LITTLE, THOMAS C. 2123 NE COACHMAN RD CLEARWATER FL 34625			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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)					
Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE _____			1.1 TITLE _____		
NAME _____			1.2 NAME _____		
STREET ADDRESS _____			1.3 STREET ADDRESS _____		
CITY-ST-ZIP _____			1.4 CITY-ST-ZIP _____		
2.1 TITLE _____			2.2 NAME _____		
2.2 NAME _____			2.3 STREET ADDRESS _____		
2.3 STREET ADDRESS _____			2.4 CITY-ST-ZIP _____		
2.4 CITY-ST-ZIP _____			3.1 TITLE _____		
3.1 TITLE _____			3.2 NAME _____		
3.2 NAME _____			3.3 STREET ADDRESS _____		
3.3 STREET ADDRESS _____			3.4 CITY-ST-ZIP _____		
3.4 CITY-ST-ZIP _____			4.1 TITLE _____		
4.1 TITLE _____			4.2 NAME _____		
4.2 NAME _____			4.3 STREET ADDRESS _____		
4.3 STREET ADDRESS _____			4.4 CITY-ST-ZIP _____		
4.4 CITY-ST-ZIP _____			5.1 TITLE _____		
5.1 TITLE _____			5.2 NAME _____		
5.2 NAME _____			5.3 STREET ADDRESS _____		
5.3 STREET ADDRESS _____			5.4 CITY-ST-ZIP _____		
5.4 CITY-ST-ZIP _____			6.1 TITLE _____		
6.1 TITLE _____			6.2 NAME _____		
6.2 NAME _____			6.3 STREET ADDRESS _____		
6.3 STREET ADDRESS _____			6.4 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. GRUZLEWSKI
VICE PRESIDENT

Date

1-1-99

Daytime Phone #

727-845-5414

CR2E034 (11/98)