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 # F35815 1. Corporation Name

B & D ELECTRIC, INC.

Principal Place of Business Mailing Address

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90025 016 ***150.00



385 E. LAKE SHORE BLVD. Kissimmee Fl. 34744	385 E. LAKE SHORE BLVD. KISSIMMEE FL. 34744			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed			
				05/21/1981			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
n l	26			59-2100772	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & Stale	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		untry	-	This corporation owes the current year Intal Personal Property Tax.	ngible □ Yes		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JENNINGS, EDWARD J.		81	Name				
318 S.E. 8TH STREET		82	Street Addres	iress (P.O. Box Number is Not Acceptable)			
FT. LAUDERDALE FL 33316		83	-	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个			
		84	City	FL	85 Zip Code		
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, the	above	-named corpor	ation submits this statement for the purpose of c	hanging 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE				unional union respectations.	DATE			
Signature, types or printer name in against and the nappingaries.								
12.	OFFICERS AND D		13.					
TITLE	PV	☐ DELETE	1.1 TITLE	g tilt som	☐ Change	☐ Addition		
NAME	HICKEY, ROBERT F SR		1.2 NAME					
STREET ADDRESS	385 E LAKESHORE BLVD .		1.3 STREET ADDRESS			ļ		
CITY-ST-ZIP	Orlando fl		1.4 CITY-ST-ZIP	<u> </u>				
TITLE	V	☐ DELETE	2.1 TITLE		Change	☐ Addition		
NAME	HICKEY, ROBERT F., JR.		2.2 NAME	s - 1 12/2				
STREET ADDRESS	385 E LAKESHORE BLVD		2.3 STREET ADDRESS	4				
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	<u> </u>				
TITLE .	TS .	☐ DEFELE	3.1 TITLE		Change	· 🗀 Addition		
NAME	HICKEY, DOLORES C.		3.2 NAME			ţ		
STREET ADDRESS	385 E LAKESHORE BLVD		3.3 STREET ADDRESS		· 可用精致的原始。			
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP					
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STREET ADDRESS	•		4.3 STREET ADDRESS	, , , , , ,				
CITY-ST-ZIP			4.4 CITY-ST-ZIP		· ·			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS			ļ		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u></u>				
TITLE	*	☐ DELETE	6.1 TITLE		Change	Addition		
NAME			6.2 NAME*					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP		25.0			

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 direct like an powered.