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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90153 047 ***150.00

1999 DOCUMENT # F60859

1. Corporation	Name							
ENERGY	CONTROL & SERVICES, I							
1					LIEBRATE RING BALLE BOLGA FOLEN GYRLE FOLK GLEN F			
Principal Place	e of Business	Mailing Address						
7820 N 56TH ST 7820 N 56TH ST								
TAMPA FL 33617 TAMPA FL 33617				DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualifed			
					12/31/1981		ļ	l
2. Principal P.	Jace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	l
21		26		59-2215264	No	t Applicable	l	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75.4		ع مند
22		27			3. Certificate of Status Desired	Fee Re	quired	l
City & State	е	City & State			6. Election Campaign Financing	\$5.00	· ·	
23		28			Trust Fund Contribution	Added t	o Fees	1
Zip	Country	Zip	Country		8. This corporation owes the current year Intanguale Personal Property Tax V Yes No			
24	25	29 30	0		Personal Property Tax.		L NO	
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent		
SAF	ARIK, CHARLES R			ivalle ,				ĺ
	N 56TH ST		82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
1	PA FL 33617		83					
1,4.	,,,,,,		00					ĺ
			84	City	FL	85 Zip (Code	
44 - 0	to the provisions of Sections 507 050	22 and 607 1508 Florida Statutes	the above	a-named com	oration submits this statement for the purpose of	changing its	registered	ĺ
l office or r	egistered agent, or both, in the State	of Florida. Such change was auth	nonzea ov	the corporation	on's board of directors. I hereby accept the appo	intment as re	gistered	1
, agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	a Statutes					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE, Rr	egistered Ager	nt signature require	d when reinstating) DATE			ء ا
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	ő
TITLE	PD	☐ DELETE	1.1 TITLE		•	Change	Addition	3
NAME	SAFARIK, CHARLES R.		1.2 NAME					
STREET ADDRESS	7820 N 56TH ST		1.2 IVVVIC	1.7-				6
CITY-ST-ZIP	TAMPA FL		1.3 STREET	ADDRESS				200
TITLE				1				750300
		☐ DELETE	1.3 STREET	T-ZIP	,	☐ Change	Addition	CD2E03/
NAME		☐ DELETE	1.3 STREET	T-ZIP	TYPE S MUSE	☐ Change	Addition	CD2E03/
NAME STREET ADDRESS		☐ DELETE	1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	T-ZIP V	EVIN S. MUSE MARSHALL COURT		Addition	CD2E03
			1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S'	T-ZIP V K TADDRESS 3 T-ZIP G	TYPE S MUSE			CD2E03
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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, of the corporation of 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, of the corporation of the corporation of the receiver or trustee empowered.

6.4 CITY-ST-ZIP

6.2 NAME

SIGNATURE:

STREET ADDRESS

813-989-1168