

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 # F85343

1. Corporation Name

SPEARS ELECTRICAL SERVICE, INC.

Principal Place of Business

C/O RONALD I. SPEARS  
19450 ANGEL LANE  
ODESSA FL 33556

Mailing Address

C/O RONALD I. SPEARS  
19450 ANGEL LANE  
ODESSA FL 33556

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90087 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1982

4. FEI Number

59-2204603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPEARS, RONALD I.  
19450 ANGEL LANE  
ODESSA FL 33556

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

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TS  
SPEARS, HILDA L  
19450 ANGEL LANE  
ODESSA, FL 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SPEARS, RONALD I.  
19450 ANGEL LANE  
ODESSA, FL 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SPEARS, HILDA L  
19450 ANGEL LANE  
ODESSA, FL 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SPEARS, RONALD A  
19450 ANGEL LN  
ODESSA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
ST ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
ST ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hilda L. Spears*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99 813-920-309  
Date Daytime Phone #

0377476

CR2F034-14198