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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F89800

(9)

FMR ELECTRICAL CONTRACTORS, INC.

## FILED Mar 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							·· ·		I IDBIIRD KIDI KOHIN IDIDI IDIII BBIII BBII DIBIK D	IBH BIBH BIRH B	TLOS BLOS 1004
420 S. WICKHAM RD.				420 S. WICKHAM RD.							
P.O. BOX 1977 (32902)				P.O. BOX 1977 (32902)							
W. MELBOURNE FL 32904				W. MELBOURNE FL 32904					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
									06/30/1982		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		Applied For
21				26					59-2200191	<del></del>	Not Applicable
Suite, Apt #, etc				Suite, Apt. #, etc.							Additional
22				27					5. Certificate of Status Desired	Fee f	Required
City & State				City & State					6. Election Campaign Financing	\$5.0	O May Be
23				28					Trust Fund Contribution	Added	d to Fees
Zip	Country			<b>Z</b> ip ''''1	ı ' <del>                                   </del>				8. This corporation owes or has paid the current year Intangible		
24	4 25 25 Q. Name and Address of Current			9 30					Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent		
				gisterea Ag	ent		81	Name	10. Name and Address of New Hegistere	1 Agent	
MALONEY, RICHARD PATRICK							٦	Name			
655 MARK & RANDY DRIVE SATELLITE BCH. FL 32937								Street Addr	ess (P.O. Box Number is Not Acceptable)		
9	WIETHIE D	UN. FL 32837	1				83				
							84	City	F	85 Zip	p Code
11 Pursuan	to the provis	ions of Section	s 607 0502 an	id 607 1508	Florida Statuti	es the e	DOVe	-named corn			its registered
office or	registered ag	ent, or both, in	the State of F	Iorida, Such	change was a	uthorize	d by	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	opointment e	as registered
		ип, апо ассори	the bullgalor	is or, accron	007.0000, FR	AIOA SIAI	uios				
SIGNATURE	Signature, typicid	or profed name of re	egistimos agent and	d title it appresable	(NOTE	Registere	d Ager	nt signature require	ed when reinstating) DATE		
12.		OFFI	CERS AND DI			13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PD		<b>.</b>	E.	DETETE	117	TLE			Change	Addition
NAME		IEY, RICHARI				1.2 N	ME				[7
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CITY-ST-ZIP	<u> </u>					64 C					
14. I hereby	certify that th	ie information si	upplied with B	his filing does	not qualify fo	or the exe	empt	ion stated in	Section 119.07(3)(i), Florida Statutes, I further	certify that th	ne 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.

**SIGNATURE** 

Britail C. Maloney

Cru-

-4-98 407-727-3712