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

PŘOFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000006344

1. Corporation Name

SEMAC ELECTRIC CO., INC.

FILED
Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90026 005 ***150.00

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Principal Place	of Business	Mailing Address					
45 PETER CT. 45 PETER CT. P.O. BOX 638 P.O. BOX 638					OO NOT WIDITE IN THE	, SDACE	
NEW BRITAIN C	T 06050	NEW BRITAIN CT 06050			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 12/02/1996		
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number	Apr	plied For
21 26				06-0853859		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Red	
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year Inte	angible	
——	25		0	,	Personal Property Tax.		□No
24	9. Name and Address of Current		<u>~</u>		10. Name and Address of New Registered	Agent	
	The state of the s			81 Name			
	MENE, MICHAEL P 16 AVE SOUTH			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	LES FL 34102	•		83			
				84 City	F t	85 Zip C	ode
		<u> </u>			<u> </u>		
	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	N FIORDS SUCH CHANNE WAS AU	nonzea	DV HIE CUIDUIAN	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	ntment as rec	gistered
SIGNATURE			Penietered	Agent signature require	d when reinstating) DATE		
42	Signature, typed or printed name of registered agent	,	13.	rigant agratara raquire	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	CPT	DELETE	1.1 TII	LE .		☐ Change	☐ Addition
NAME	SOLIMENE, MICHAEL P		1.2 NA	ME	•		
STREET ADDRESS	24 SUNSET FARM RD.		1.3 ST	REET ADDRESS			
	WEST HARTFORD CT 06107		l l	Y-ST-ZIP			
CITY-ST-ZIP TITLE	S	DELETE	2.1 TII			☐ Change	Addition
ì ·	SCANLON, THOMAS M	_	2.2 NA	ME			
NAME	49 VOLPI RD.			REET ADDRESS			
STREET ADDRESS	BOLTON CT 06043		1	TY-ST-ZIP			
CITY+ST-ZIP TITLE	5001014 01 00040	☐ DELETE	3.1 11			Change	Addition
			3.2 NA		•		
NAME CODECT ADDRESS	3			REET ADDRESS		is agreed to	1081
STREET ADDRESS				TY-ST-ZIP		ŧ. '.	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TI			☐ Change	☐ Addition
NAME			4.2N				
7		e e		REET ADDRESS		٠	
STREET ADDRESS	1			TY-ST-ZIP	•		
CITY-ST-ZIP		☐ DELETE	5.1 TI			Change	☐ Addition
			5.2 N	- 1	•		
NAME	1		R .	REET ADDRESS			
STREET ADDRESS]			TY-ST-ZIP	•		
CITY-ST-ZIP	÷	☐ DELETÉ	6.1 TI			☐ Change	☐ Addition
TITLE			6.2 N				
NAME				REET ADDRESS			
STREET ADDRESS	1.5		1	TV-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 phophics empowered.

SIGNATURE: