~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 # F98000001861

KEARNEY ELECTRIC, INC.

FIRE	-ip	31 7	ace	U	Dusiness
3609	E.	SUF	'ERIC	OR	AVENUE

Mailing Address

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90112 003 ***150.00



Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax. Personal Property Tax. Street Address of New Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 81 Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code City & City FL 85 Zip Code City & City City & City City & City & City & City City & City & City & City & City & Cit	plicable ional ed Be es
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax. Personal Property Tax. Street Address of New Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code City & State Plants the street of Status Desired Status	ional ed Be ses Silves
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	Be less
City & State Trust Fund Contribution Added to Fee Required Trust Fund Contribution Added to Fee Required Added to Fee Required Trust Fund Contribution Added to Fee Required Added to Fee Required Trust Fund Contribution Trust Fund Contrib	Be les
23	lo
Zip Country Zip Country St. This corporation owes the current year Intangible Personal Property Tax. Yes Xip Xip Xip Yes Xip	lo
24 25 29 30 Personal Property Tax.	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Registered Agent 84 City FL 85 Zip Code	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11 Description of Society Street Address (P.O. Box Number is Not Acceptable)	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83	
PLANTATION FL 33324 84 City FL 85 Zip Code 11 Description of Sections 607 0503 and 607 1508. Florida Statutes, the above parcel corporation submits this statement for the purpose of changing its regi	
84 City FL 85 Zip Code 11 Demonstrative the application of Sections 607 0503 and 607 1508. Florida Statutes the approximated comporation submits this statement for the purpose of changing its region.	
11. Description of Sections 607 0603 and 607 1509. Florida Statutes the above pared corporation submits this statement for the purpose of changing its regi	
11 Demonstrative and Sections 607 0602 and 607 1509. Elegida Statutes the above pamed corporation submits this statement for the purpose of changing its red	
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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	stered red
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	l
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	N 12
	Addition
NAME CASEY, CAROL 12 NAME KEARNEY, CAROL	
STREET ADDRESS 3609 E. SUPERIOR AVENUE 1.3 STREET ADDRESS	
CITY-ST-ZIP PHOENIX AZ 85040 1.4 CITY-ST-ZIP	
	Addition
NAME CASEY, DENNIS C 22 NAME	
STREET ADDRESS: 3609 E. SUPERIOR AVENUE 23 STREET ADDRESS	
CITY-ST-ZIP PHOENIX AZ 85040 2.4 CITY-ST-ZIP	
TITLE SC DELETE 3.1 TITLE Change	Addition
NAME KEARNEY, MICHAEL F 32 NAME	_
STREET ADDRESS 3609 E. SUPERIOR AVENUE 3.3 STREET ADDRESS	
CITY-ST-ZIP PHOENIX AZ 85040 3.4. CITY-ST-ZIP	
	Addition
NAME FROST, GREG 4.2 NAME	
STREET ADDRESS 3609 E. SUPERIOR AVENUE 4.3 STREET ADDRESS	
CITY-ST-ZIP PHOENIX AZ 85040 4.4 CITY-ST-ZIP	
	Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	
Change C	Addition
TITLE LIDELETE GATHLE LICHARDS L	
NAME 62 NAME	1

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 suppliemental 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 other like empowered.

SIGNATURE:

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR