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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G00314

1. Corporation Name

Principal Place of Business

STREET ADDRESS

PERDIDO ELECTRIC CO., INC.

| 100 S. PACE BLVD. PENSACOLA FL 32501 US 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State | | 100 S. PACE BLVD. PENSACOLA Ft. 32501 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State | | • | 3. Date Incorporated or Qualifed 09/10/1982 4. FEI Number 59-2225205 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees | | |
|--|---|---|--------------------------|----------------|--|------------------------|--|
| 23 Zip | Country | Zip | Country | , | 8. This corporation owes the current year Intangible | ded to 1 ees | |
| — ` | 25 | · | 30 | | eta. | Personal Property Tax. | |
| 24 | 9. Name and Address of Cur | | " | / | 10. Name and Address of New Registered Agent | | |
| DOUGLAS E HOULE 100 S. PACE BLVD. PENSACOLA FL 32501 | | | 81 82 83 | Street | ress (P.O. Box Number is Not Acceptable) | | |
| | | | | | | | |
| | | | 84 | City | FL 85 | Zip Code | |
| agent. I a | egistered agent, or both, in the St m familiar with, and accept the ob Signature, typed or printed name of registered | ate of Florida. Such change was auto ligations of, Section 607.0505, Florid agent and title if applicable. (NOTE: R | nonzed by la Statutes | the corp 5. | d corporation submits this statement for the purpose of changing poration's board of directors. I hereby accept the appointment erequired when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AND DIRE | | |
| 12. | OFFICERS | AND DIRECTORS | 1,1 TITLE | | | | |
| TITLE | DOUGLAS E HOULE | | 1.2 NAME | | | , <u> </u> | |
| NAME | 100 S PACE BLVD. | | | T ADDRESS | s | İ | |
| STREET ADDRESS | PENSACOLA FL | | 1.4 CITY-5 | | | ł | |
| CITY-ST-ZIP | VP | ☐ DELETE | 2.1 TITLE | <u>,</u> | □ Ch. | ange | |
| NAME | GODWIN, THOMAS E. | | 2.2 NAME | | - · · · · · · · · · · · · · · · · · · · | | |
| STREET ADDRESS | 100 S. PACE BLVD. | | 2.3 STREE | TADDRESS | s | 1 | |
| CITY-ST-ZIP | PENSACOLA FL | | 2. 4 CITY- | ST-ZIP | | | |
| TITLE | T | ☐ DELETE | 3.1 TITLE | | □ Ch | ange | |
| NAME | DONNA J HOULE | | 3.2 NAME | | | | |
| STREET ADDRESS | 100 S PACE BLVD. | | 3.3 STREE | TADDRESS | s | | |
| CITY-ST-ZIP | PENSACOLA FL | E pereze | 3.4. CITY- | ST-ZIP | | ange Addition | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ange 🗆 Accinon | |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | 8 | J | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY-5 | 21-ZIP | □ Ch | ange Addition | |
| NAME | | | 5.2 NAME | | | ļ | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | ss | | |
| CITY-ST-ZIP | | | 5.4 CITY-5 | ST-ZIP | • | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | _ | □ Ch | ange [] Addition | |
| NAME | | | 6.2 NAME | | , | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | ss | Į | |

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90230 039 ***150.00



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 of the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or possible that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation indicated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation indicated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation indicated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation indicated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation indicated in Section 119.07(3)(i), Florida Statutes. I further certificate in Section 119.07(3)(ii), Florida Statutes. I further

6.4 CITY-ST-ZIP