FILED Apr 08, 1999 8:00 am Secretary of State

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## 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** 

1. Corporation	MENI # G24823	3			
•	ONE ELECTRIC, INC.				
1111102	one celebrate, the				
Principal Place of Business Mailing Address					T (8911) 8810 11815 81881 1811 11882 1111 81811 81811 81811 81811 81811 81811
11204 THERESA ARBOR DR 11204 THERESA ARI TEMPLE TERRACE FL 33617 US US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
					02/21/1983
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21	300 0. 400000	<b>⊢</b> •	26		59-2263621 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #					5. Certificate of Status Desired \$8.75 Additional
27					5. Certificate of Status Desired Fee Required
City & State	e	City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23 28					Trust Fund Contribution Added to Fees
			Coun	try	8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29	30		Personal Property Tax.
·	9. Name and Address of Curren	t Registered Agent		31 Name	10. Halle and Address of New Registered Agent
RARI	NES, ROBERT L			_	
TEW, ZINOBER, BARNES, ZIMMET & UNICE			1	32 Street	Address (P.O. Box Number is Not Acceptable)
2655		-  -	33		
CLEARWATER FL 34619			L		
			{	34 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statu	ites, the abo	 ove-named	cornoration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obligation	ot Florida, Such change was :	authorized I	ov the como	oration's board of directors. I hereby accept the appointment as registered
· -	m ramiliar with, and accept the obliga	tions of, Section 607.0505, Fr	onda Statut	C3.	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered A	gent signature	required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTDS	☐ DELETE	1.1 TITL	E	☐ Change ☐ Addition ☐
NAME	CARPENTER, JAMES F.		1.2 NAM	E	
STREET ADDRESS	11204 THERESA ARBOR DR		1.3 STR	EET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617			-ST-ZIP	
TITLE		☐ DELETE	2.1 TITL		☐ Change ☐ Addition
NAME			2.2 NAM		
STREET ADDRESS			2.3 STR	EET ADDRESS	
CITY-ST-ZIP		□ pri ctr		Y-ST-ZIP	Change Addition
TITLE	<del>-</del> •		3.1 TITL		Change Mullion
NAME			3.2 NAN		
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP				Y-ST-ZIP	Change Addition
TITLE					
NAME			4.2 <u>N</u> A	ME EET ADDRESS	and the second second second second
STREET ADDRESS		· - <del></del>	<b>,</b>		
CITY-ST-ZIP TITLE		☐ DELETE	4,4 CITY 5.1 TITL	′-ST-ZIP E	Change Addition
NAME			5.2 NAN		
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	
TITLE		☐ DELETE	6.1 TITL	E	Change Addition
NAME			6.2 NAM	Æ	

CITY-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 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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS