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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90213 010 \*\*\*150.00

	1999	DIVISION OF CO	ORPORATIONS	03-11-1999 90213 010 ***150	0.00
DOCU 1. Corporatio	MENT # G4340	4			
UMUUIO	ELECTRIC, INC.			CONTROL BOOK BY AND SHOULD BE BUT AND BEAUTIFUL BEAUTIFU	i <b>ala</b> ii 31811 (38)
Principal Plac	e of Business	Mailing Address			1 9 (B) 1 9 (B) 1 1 9 E)
1989 HWY 17 SOUTH 1989 HWY 17 SOUTH					
BARTOW FL 33830		BARTOW FL 33830		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				06/13/1983	
2. Principal Place of Business		2a. Mailing Address			Applied For
21		26		1 00 2002010	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	
22	<u> </u>	City & State			· · · · · · · · · · · · · · · · · · ·
City & Stat	le	28			May Be
<b>23</b>   Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29	30	Personal Property Tax.	□No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent	
LIAD	DIS COOVED DON		81 Name		
Harris, grover don 1989 hwy 17 south			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	TOW FL 33830		83		
			84 City	FL  85   Zi	p Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the ourness of changing	ts registered
office or t	registered agent, or both, in the Stat am familiar with, and accept the oblic	e of Florida. Such change was au	honzed by the comorati	on's board of directors. I hereby accept the appointment as	registered
SIGNATURE		,			ļ
	Signature, typed or printed name of registered ac	<u> </u>	Registered Agent signature require		TORS IN 12
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE	PTV	€ DECETE	1.2 NAME		
NAME	HARRIS, GROVER DON 1989 HWY 17 SOUTH		1.3 STREET ADDRESS		i
STREET ADDRESS CITY-ST-ZIP	BARTOW FL		1.4 CITY-ST-ZIP		l
TITLE	S	☐ DELETE	2.1 TITLE	☐ Changi	e Addition
NAME	HARRIS, EVANGELYN FAY		2.2 NAME		j
STREET ADDRESS	4000 1848/ 47 001571		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	BARTOW, FL 00000		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	e 🔲 Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP	☐ Chang	e
NAME			4. 2 NAME		,
STREET ADDRESS			4.3 STREET ADDRESS		}
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Chang	e
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PT 41	A
TITLE		☐ DELETE	61 TITLE	☐ Chang	e
NAME			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS	1		6.4 CITY-ST-ZIP		Ì
CITY-ST-ZIP					

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 other like empowered.

SIGNATURE: