PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90030 038 ***150.00

DOCUMENT # G81084

WAGNE	r electrical supply c	0.						
Principal Place of Business Mailing Address					- (125((ii) \$22) JE(2) Hibit 20(2) (E()) Blan eratt 2) Style area 2021 2021			
1014 BLANDING BLVD. ORANGE PARK FL 32065		1014 BLANDING BLVD. ORANGE PARK FL 32065			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 01/27/1984			
2. Principal	Place of Business	2a, Mailing Address	-		1.45			
					59-2374805 Not Appl			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Security Fee Required			
City & State		City & State	├ ─┐ '		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29 3	Countr	/	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No.	>		
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registered Agent			
34/4	CNED TALMADOE I		81	Name				
Wagner, Talmadge L. 1014 Blanding BlVD			82	Street	Address (P.O. Box Number is Not Acceptable)			
320	65 32073		83	1				
			84	City	FL 85 Zip Code			
l office or	t to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was autt	iorized by	the corpo	corporation submits this statement for the purpose of changing its regist oration's board of directors. I hereby accept the appointment as registers	ere		
SIGNATURE	Signature, typed or printed name of registered a	areat and title if applicable (NOTE: D	pointered Acr	et eignature e	equired when reinstating) DATE	_		
12.		AND DIRECTORS	13.	ru aiði samiði li	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	V 12		
TITLE	PD	DELETE	1.1 TITLE	.]		Add		
	WACNED TALLABOLE		12 MANGE					

omice or ri agent. I a	egistered agent, or both, in the State of Florida. m familiar with, and accept the obligations of, S	ection 607.0505, Florio	a Statutes.	autori a bodi di di di ectora. I rici di	, accept the appe		
SIGNATURE					DATE		
	Signature, typed or printed name of registered agent and title if a		egistered Agent signature rec			ID DIDECTOR	S IN 12
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES	TO UFFICERS A		Addition
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	Wagner, Talmadge L.		1.2 NAME				
STREET ADDRESS	1014 BLANDING BLVD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP				
TITLE	DST	□ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	WAGNER, MARGARET G.		2.2 NAME				,
STREET ADDRESS	_1014 BLANDING BLVD	-	2.3 STREET ADDRESS		<i>₹</i> . •.	,	'
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-ST-ZIP				
TITLE		□ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				•
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		-	☐ Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				ļ
CITY-ST-ZIP	<u> </u>		4.4 C/TY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	•		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE (G).	24 PM	☐ DELETE	6.1 TITLE			Change	Addition
NAME 301			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				1
CITY-ST-ZIP	7"_3 n * *	•	6.4 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 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 chapped, or on an attachment with an address, with all other like empowered.

Applied For Not Applicable