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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

H33022

(5)

DAVID SHARP ELECTRIC, INC.

FILED
May 20 1998 8:00am
Secretary of State

Principal Plac	e of Business	Mailing Address	Mailing Address			- 108441 0108 11100 11111 00110 1101 0101 0
% DAVID V. SHARP		% DAVID V. SHARP	% DAVID V. SHARP			
9216 ALLWOOD PLACE		8216 ALLWOOD PLACE				DO NOT WRITE IN THIS SPACE
ORLANDO FL 39825		ORLANDO FL 32825	OHLANDO FL 32825			3. Date Incorporated or Qualified
						12/07/1984
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26	- 			59-2482158 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	٦			5. Certificate of Status Desired See Regulred Fee Regulred
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	"1 ·			Trust Fund Contribution Added to Fees
Zip			Cou	intry		8. This corporation owes or has paid the current year Intangible
24	25 29 30				Personal Properly Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent					61	10. Name and Address of New Registered Agent
SHARP, DAVID V				81	Name	
9216 ALLWOOD PLACE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
U	RLANDO FL 32825			83		
	·			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statul	es, the al	pove	named corpo	pration submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Signature, typed or pented name of registered age			o Agei	it signature requirer	d when reinsteting) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	OFFICERS AN	DELETE	13.	 TI F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME SHARP, DAVID V			1.2 NAME			
STREET ADDRESS 9216 ALLWOOD PLACE			1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CI	TY-ST	- ZIP	
TITLE		DELETE	2.1 TITLE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS	23		2.3 \$1	IREET A	address	
CITY-ST-ZIP		T or ere	2. 4 CITY - ST - ZIP		T- ŽIP	
		☐ DELETE				Change Addition
NAME CTREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		ADDOCCO	
STREET ADDRESS CITY-SI-ZIP			3.4. CITY - ST- ZIP			
TITLE	34. C			1-211	☐ Change ☐ Addition	
NAME				AME		
STREET ADDRESS	1			ADDRESS		
CITY-ST-ZIP			TY-ST			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS	DRESS 5.3 S		TREET A	ADDRESS		
CITY-ST-ZIP				TY-ST	-21P	
TIFLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	certify that the information supplied w	nth this filing does not qualify fo		TY-ST empt		Section 119.07(3)(i), Florida Statutes. I further certify that the information

14. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.0/(3)(i). Florida Statutes, I further certify that the information indicated on this annual report of 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 copyoration or the receiver or fusiled 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 attrigiting of the copyoration.

CICNATURE AUCT

111n. G8

401 273 3209