Applied For Not Applicable \$8.75 Additional

Fee Required \$5 00 May Bo

## 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** 

## **DOCUMENT # H97233**

| ZENTMEYER ELECTRONICS CO  | DMPANY                         | .,  |  |  |  |  |
|---|--------------------------------|---|--|--|--|--|
| Principal Place of Business   | Mailing Addres                 | 7 1041911 4(1) 10111 (8910 (1904 )1110 )1 |  |  |  |  |
| 5312 WEST CRENSHAW STREET<br>TAMPA FL 33634   | 5312 WEST CRE<br>TAMPA FL 3363 | inshaw street<br>4                        |  | DO NOT WRITE II  |  |  |
|   |                                |   | <u>.</u>   | 3. :Date Incorporated or Qualifed  |  |  |
|   |                                |   |  | 02/03/1986   |  |  |
| 2. Principal Place of Business  | 2a. Mailing Add                | Iress                                     |  | 4. FEI Number  |  |  |
| 21  | 26                             |   |  | 59-2631511   |  |  |
| Suite, Apt. #, etc.   | Suite, Apt. 1                  | #, etc.                                   | •  | 5. Certifcate of Status Desired  |  |  |
| City & State  | City & State                   | 9   | •  | 6. Election Campaign Financing   |  |  |
| 23  | 28                             | 0   |  | Trust Fund Contribution  |  |  |
| Zip Country   | Zip                            | Country<br>30                             | This corporation owes the current Personal Property Tax. |  |  |  |
| 9. Name and Address of C  | urrent Registered Agent        |   |  | 10. Name and Address of New Regi   |  |  |
| ALIDDENO LIGATA   |                                | 81  | Name   |  |  |  |
| ANDREWS, LISA M<br>6721 TWELVE OAKS BLVD  |                                | 82  | Street Add   | ress (P.O. Box Number is Not Acceptable)   |  |  |
| TAMPA FL 33634  |                                | 83  |  | · · · · · · · · · · · · · · · · · · ·  |  |  |
| ,   |                                | 84  | City   |  |  |  |
| 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE | State of Florida, Such cha     | nde was authorized by                     | ine corporal   | poration submits this statement for the pion's board of directors. I hereby accept |  |  |

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90094 043 \*\*\*150.00



T WRITE IN THIS SPACE

| _ 0119 th 01011       | •  | $\vdash$ | •··· <b>,</b> •· - · - · -     |            |   |                  | o. Election campaign man  |  |                    | ·                        |                |
|-----------------------|--|----------|--------------------------------|------------|---|------------------|---|--|--------------------|--------------------------|----------------|
| 3                     | <u>,                                     </u>                                    | 28       |                                |            |   |                  | Trust Fund Contribution   |  |                    | Added                    | to Fees        |
| Zip                   | Country  |          | Zip                            | Coun       | itry  |                  | 8. This corporation owes th   | ne current yea   |                    |                          | _              |
| 4                     | 25   | 29       | 30                             | )          |   |                  | Personal Property Tax.  |  |                    | Yes                      | □No            |
|                       | 9. Name and Address of Current I   | Regis    | stered Agent                   |            |   |                  | 10. Name and Address of   | New Registe  | red Ag             | ent                      |                |
|                       | 4 11   |          | •                              | 1          | 81  | Name             |   |  |                    |                          | •              |
| ANDREWS, LISA M       |  |          |                                |            | 82 Street Address (P.O. Box Number is Not Acceptable) |                  |   |  |                    |                          |                |
| 6721 TWELVE OAKS BLVD |  |          |                                |            | 82  | Street Add       | iress (P.O. Box Number is Not A   | (ссертавіе)  |                    |                          |                |
|                       | PA FL 33634  |          |                                |            | 83  |                  |   |  |                    |                          |                |
| ******                |  |          |                                | ]          | ٦٠  |                  |   |  |                    |                          |                |
|                       | •  |          |                                | 1          | 84  | City             |   |  | FL                 | 85 Zip                   | Code           |
|                       |  |          |                                |            |   | -                |   |  |                    |                          |                |
| 11. Pursuant          | to the provisions of Sections 607.0502 egistered agent, or both, in the State of | and 6    | 607.1508, Florida Statutes,    | the ab     | ove-r   | named com        | poration submits this statement t<br>ion's board of directors. I hereby | for the purposition and a comment of the comment of | e of ch<br>opointn | anging its<br>nent as re | gistered       |
| agent. I a            | m familiar with, and accept the obligation                                       | ons of   | , Section 607,0905, Florida    | Statut     | tes.  |                  |   |  | ŽI.                | 100                      | · 1            |
| SIGNATURE             | William and  | $u_{I}$  | wash es                        | ent        | •   | LIST             | ) Andrews   | L  | 112                | 3190                     | 1              |
| SIGNATURE             | Signalur typed or printed name of registered agent a                             | nd title | if applicable. (NOTE: Re       | gistered A | \gent si  | ignature require | ed when reinstating)  | DATE   | - 1-               |                          |                |
| 12. ¿♂                | OFFICERS AND   | DIRE     | ECTORS                         | 13.        |   |                  | ADDITIONS/CHANGES 1   | TO OFFICERS  |                    |                          |                |
| TITLE STORE           | P 185 (1974)   |          | ☐ DELETE                       | 1.1 TITL   | Æ   |                  |   |  | [                  | _] Change                | Addition       |
| NAME 1.               | .ANDREWS, LISA M   |          |                                | 1.2 NAM    | Æ   |                  |   |  |                    |                          | İ              |
| STREET ADDRESS        | 6721 TWELVE OAKS BLVD  |          |                                | 1.3 STR    | REET AL   | DDRESS           |   |  |                    |                          | }              |
| CITY-ST-ZIP           | TAMPA FL   |          |                                | 1.4 CITY   | Y-ST-Z  | rIP              |   |  |                    |                          | )              |
| TITLE                 | VP   |          | ☐ DELETE                       | 2,1 TITL   |   |                  |   |  | [                  | Change                   | ☐ Addition     |
|                       | ANDREWS, RANDALL W   |          | _                              | 2.2 NAN    | ΛF  |                  |   |  |                    |                          |                |
| NAME                  | 6721 TWELVE OAKS BLVD  |          |                                |            |   | DDRESS           |   |  |                    |                          | ł              |
| STREET ADDRESS        |  |          |                                |            |   |                  |   | ·  |                    |                          | 1              |
| CITY-ST-ZIP           | TAMPA FL   |          | ☐ DELETE                       | 2. 4 CIT   |   | ZIP              |   |  | r                  | Change                   | Addition       |
| TITLE                 | D  |          | C) DELETE                      | 3.1 TITL   |   |                  |   |  |                    |                          |                |
| NAME                  | FOUCH, MELVA   |          |                                | 3.2 NAN    |   |                  |   |  |                    |                          | 1              |
| STREET ADDRESS        |  |          |                                | 3.3 STR    | REET AL   | DDRES\$          |   |  |                    |                          |                |
| CITY-ST-ZIP           | PORT CHARLOTTE FL  |          |                                | 3.4. CIT   | Y-ST-Z  | ZIP              |   |  |                    |                          |                |
| TITLE - " "           |  |          | ☐ DELETE                       | 4.1 TITL   | LE  | •                | <del></del>   |  | [                  | _ Change                 | - 🗔 Addition   |
| NAME                  |  |          |                                | 4. 2 NA    | ME  | Ì                |   |  |                    |                          | ļ              |
| STREET ADDRESS        |  |          |                                | 4.3 STR    | REET AL   | DORESS           |   |  |                    |                          |                |
| CITY-ST-ZIP           | •  |          |                                | 4.4 CIT    | Y-ST-Z  | ZIP              |   |  |                    |                          |                |
| TITLE                 |  |          | ☐ DELETE                       | 5.1 TITE   | LE  |                  |   |  | [                  | Change                   | Addition       |
| NAME                  |  |          |                                | 5.2 NAM    | ME  |                  | •   |  | ٠.                 | · .                      | 13.5           |
| STREET ADDRESS        | ·  |          |                                | 5.3 STF    | REETAL  | DDRESS           |   |  |                    | 4                        | And the second |
|                       | ,  |          |                                | 5.4 CIT    | Y-ST-Z  | ZIP              |   |  |                    |                          |                |
| CITY-ST-ZIP,          |  |          | [ ] DELETE                     | 6.1 TITL   |   | <u> </u>         | <del></del>   |  |                    | Change                   | ☐ Addition     |
|                       |  |          | <u></u>                        | 6.2 NAM    | ME  | ļ                |   |  |                    | _                        |                |
| NAME                  | the second   |          |                                |            |   | DORESS           |   |  |                    |                          |                |
| STREET ADDRESS        | •  |          |                                |            |   | i                |   |  |                    |                          |                |
| CITY-ST-ZIP           |  |          | Cilina dana ant cuplify for th | 6.4 CIT    |   |                  | Section 110 (17/3)(i) Florida Sta                                       |  |                    | . 46-24-46-2             | information    |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: