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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # J17161

(7)

| COMM | IERCIAL ELECTRIC & MAIN | TENANCE, INC. | | | |
|--|---|---|-----------------------------------|---|-----------------------------------|
| Principal Plac | e of Business | Mailing Address | | T LEGININ DIRI NIDNI NADOL HERAD DRINK 1181 91016 | BIBN GIBN BIBN BIBN BIBN 1891 |
| 2885 ORANGE AVE MALABAR FL 32950 US | | 2885 ORANGE AVE MALABAR FL 32950 US | | DO NOT WRITE IN TH | IIS SPACE |
| | | ••• | | 3. Date Incorporated or Qualified | |
| | | | | 06/02/1986 | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | [26] | | 59-2696695 | Not Applicable |
| Suite, Apt. | #, etc. | Suite. Apt #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred |
| City & Stat | te | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | <u></u> | Trust Fund Contribution | Added to Fees |
| Zip | Country | - 7 iji | Country | 8. This corporation owes or has paid the | |
| 24 | 25 | 29 | 30] | Personal Property Tax due June 30. | Yes No |
| - | 9. Name and Address of Curren | it Hegistered Agent | 61 Name | 10. Name and Address of New Registers | od Agent |
| טטישט, הוסיואהט | | | oi Name | | |
| 659 W EAU GALLIE BLVD | | | B2 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| SUITE 106 MELBOURNE FL 32935 | | | 83 | | |
| | | | 84 City | F | 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607 07.02 and 607 1508. Horida Statutes, the shove named cornoration submits this statement for the purpose of changing its registered | | | | | |
| office or registered agent, or both, in the State of Horida. 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 | _ | | onda olatoles. | | |
| | Signature typed or printed name of registered age | | E Registered Agent signature requ | ured when reinstating) DATE | |
| 12. | OFFICERS ANI | | 13. | ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | ST INCLINE THOMAS | DELFTE | 1.1 TITLE | | Change Addition |
| NAME AVALUE ADDOLOG | JOLLIFF, THOMAS J 2722 E. MENDELIN STREET | | 1.2 NAME | | |
| STREET ADDRESS | APOPKA FL | | 1.3 STREET ADDRESS | | |
| CITY-SI-ZIP TITLE | DP | DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | | Change Addition |
| NAME | PARKER, DONALD J. | | | | Cusufe T Vocition |
| STREET ADDRESS | 2885 ORANGE AVENUE | | 2.2 NAME | ₩. | |
| CITY-ST-ZIP | MALABAR FL | | 2.3 STREET ADDRESS | | |
| TITLE | Asst. Officer | DECETE | 2.4 CITY-ST-ZIP 3.1 TITLE | Asst. Officer | Change X Addition |
| NAME | Marcello Kurt | | 3.2 NAME | Marcello, Kurt W. | |
| STREET ADDRESS | 476 Alachua Ave | · | 3.3 STREET ADDRESS | Marcello, Kurt W. 476 Alachua Ave. | |
| CITY-ST-ZIP | Palm Bay, FL | 32907 | 3.4. CITY-ST-ZIP | Palm Bay, FL 32907 | |
| TITLE | | DELETE | 4.1 ToʻLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | THE ITEM | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY+ST-ZIP | | | 5 4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6 2 NAME | | |
| STREET ADDRESS | | | 6 3 STREET ADDRESS | | 1 |

14. Thereby 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 supplience and 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 after true and address.

SIGNATURE

Sauly)

Donald J. Parker

3-13-98

FILED

Mar 19 1998 8:00am

Secretary of State

407-951-9866

CRZE684 (1097)