

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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90010 089 ***150.00

04-25-1999 90010 090 *****8.75

DOCUMENT # J61115

1. Corporation Name

CAPITAL ELECTRICAL & SECURITY INC.

Principal Place of Business

3452 GARBER DR.
TALLAHASSEE FL 32303-1114
US

Mailing Address

3452 GARBER DR.
TALLAHASSEE FL 32303-1114
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1987

4. FEI Number

59-2768275

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

NEAL, WILLIAM H., JR.
1319 STONE ROAD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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 printed name of registered agent and title if applicable.

(NOTICE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DP
NEAL, WILLIAM H., JR.
STREET ADDRESS
1319 STONE ROAD
CITY-STATE-ZIP
TALLAHASSEE FL

1.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
1319 STONE ROAD
CITY-STATE-ZIP
TALLAHASSEE FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
DVS
NEAL, WILLIAM H. III
STREET ADDRESS
3221 CRANLEIGH DR.
CITY-STATE-ZIP
TALLAHASSEE FL

2.1 TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS
3221 CRANLEIGH DR.
CITY-STATE-ZIP
TALLAHASSEE FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
T
NEAL, WILLIAM H. III
STREET ADDRESS
3221 CRANLEIGH DR.
CITY-STATE-ZIP
TALLAHASSEE FL

3.1 TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS
3221 CRANLEIGH DR.
CITY-STATE-ZIP
TALLAHASSEE FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 changed, or on an attachment with an address, with or without like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

850 574-3893

Daytime Phone #

CR2E034 (11/98)

0050655