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 # K23453

DUPREE ELECTRIC, INC. 48

Principal Place of Business	Mailing Address			
1710 N. EASY STREET KISSIMMEE FL 34741	1710 N. EASY STREET KISSIMMEE FL 34741			

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90022 015 ***150.00



Principal Place	e of Business	Mailing Address		T 19810119 BUR LINES LINES STORE EILE GLOCK	RIBII BIRII AIRII A	INTERNATIONS	
1710 N. EASY STREET 1710 N. EASY STREET KISSIMMEE FL 34741 KISSIMMEE FL 34741							
•				DO NOT WRITE IN THIS	SPACE		1
				3. Date Incorporated or Qualifed 05/10/1988			
2 Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	I An	plied For	١.,
21		26		59-2896901		t Applicable	2.7 42
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 A	dditional	i .
22		27		5. Certificate of Status Desired	Fee Re	quired	1
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip	Country 25	Zip 30	Country 0	This corporation owes the current year in Personal Property Tax.	tangible	No	
	9. Name and Address of Curren			10. Name and Address of New Registered	Agent		
210	222 14224 5		81 Name				1
DUPREE, LARRY E. 73 TO N EASY STREET			82 Street Add	Iress (P.O. Box Number is Not Acceptable)		- red i	
KISS	NMMEE FL 34741		83				
			84 City		85 Zip C	ode	
1744.01 174	S. S. **			FL		ragistared	1
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	norized by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	intment as rec	gistered	
SIGNATURE							1
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re ID DIRECTORS	egistered Agent signature require 13.	ed when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	ő
TITLE .	P	DELETE	1.1 TITLE	ADDITIONAL OF TO GET TO CALL	Change	Addition	1
NAME	DUPREE, LARRY E.		1.2 NAME				
STREET ADDRESS	1710 N. EASY STREET		1.3 STREET ADDRESS				FOR
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP			* -	6
TITLE	ST	☐ DELETE	2.1 TITLE		Change	☐ Addition	١
NAME	DUPREE, LOU ANN		2.2 NAME				
STREET ADDRESS	1710 N. EASY STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL		2. 4 CITY-ST-ZIP			Addition	
TITLE DUS		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME	Eller to the second		3.2 NAME				
STREET ADDRESS	tue i		3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ 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		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS	,,		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	•			
TITLE	ing of the control of	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS	1 · · · - C		6.3 STREET ADDRESS				ĺ

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 chapged or on an attachment with an address, with all other like empowered by the corporation of with an address, with all other like empowered SECRETARY-TREASURER

SIGNATURE

(407) 847-3492