

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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90022 049 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K53336

1. Corporation Name
M & C ELECTRIC OF LAKE CITY, INC.

Principal Place of Business Mailing Address
RT 16, BOX 762 LAKE CITY FL 32055
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/19/1988
4. FEI Number
59-2938534
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
DECKER, ANDREW J., III
320 WHITE AVENUE
LIVE OAK FL 32060

10. Name and Address of New Registered Agent
81 Name
Carolyn Roberta Courson
82 Street Address (P.O. Box Number is Not Acceptable)
Rt. 16, Box 762
83
84 City
Lake City FL 85 Zip Code
32055

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 Carolyn Roberta Courson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 3/26/99

12. OFFICERS AND DIRECTORS
TITLE D DELETE
NAME COURSON, CAROLYN ROBERTA
STREET ADDRESS RT 16 BOX 762
CITY-ST-ZIP LAKE CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Assit. Vice-President Change Addition
1.2 NAME John Malcolm Courson
1.3 STREET ADDRESS Rt. 16, Box 762
1.4 CITY-ST-ZIP Lake City, Fl. 32055
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 all other like empowered.

SIGNATURE: Carolyn Roberta Courson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99
Date Daytime Phone # 904-152-8525

CR2E034 (1/1/98)