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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris •

Secretary of State DIVISION OF CORPORATIONS May 10, 1999 8:00 am Secretary of State 05-10-1999 90237 043 ***150.00

1999 **DOCUMENT #**

Contracting, Inc Amos Electrical

Principal Place of Business 5565 Branches Av. Callahan, FL, 32011 Mailing Address

PO Box 156 Callahan, FL. 32011

DO NOT WRITE IN THIS SPACE

			•			3. Date Incorporated or Qualifed 2-23-89
Principal Place of Business 2a. Mailing Address			Address			4. FEI Number Applied For
21		26				59-1933 587 Not Applicable
Suite, Apt.	. #, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certifcate of Status Desired See Required
City & State City & State			tate	-		.6. Election Campaign Financing - \$5.00 May Be Trust Fund Contribution Added to Fees
23	Ct	28 Zin		 Country		
Zŧp	Country	Zip	30	Country	•	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑No
24 25 29 3 9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
MARTIN W.AMES, SK 5565 BRANDIES AV. CALLAHAN, FL. 32011				81 82 83	Street A	address (P.O. Box Number is Not Acceptable)
C/18271	,,, v =			84	City	FL 85 Zip Code
11. Pursuant office or agent. I a		0502 and 607.1508, ate of Ftorida. Such oligations of, Section of Articles	Florida Statutes, the change was author 607.0505, Florida S	ized by Statutes	e-named of the corpo i.	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRESIDENT			I.1 TITLE		☐ Change ☐ Addition
NAME	• •	r	1	.2 NAME		
· ···-	MARTIN W. Amos,)Ł] 1	I.3 STREE	TADDRESS	
CITY-ST-ZIP	4965 RATLIA Rd	Callahan, FL	32011	I.4 CITY-S	T-ZIP	
TITLE	4965 RATLIFF Rd SECRETARY/TRESSUR QHRISTY L. Amos 4965 Ratliff Rd Callenan, FL,		DELETE 2	2.1 TITLE		☐ Change ☐ Addition
NAME	a herety Amos	***	2	2.2 NAME		
STREET ADDRESS	in the state of		1 2	3 STREE	TADORESS	
CITY-ST-ZIP	Collabor FA	23011		2. 4 CITY-5	ST-ZIP	
TITLE	- antesa,	/	DELETE 3	3.1 TITLE		Change Addition
NAME			H 3	2 NAME	-	
STREET ADDRESS			H a	3.3 STREET	TADDRESS	
CITY-ST-ZIP			3	3.4. CITY-S	ST-ZIP	
TITLE				.1 TITLE		☐ Change ☐ Addition
NAME			4	. 2 NAME		
STREET ADDRESS			14	3 STREET	TADDRESS	
CITY-ST-ZIP			1 4	4 CITY-S	T-ZIP	
TITLE				.1 TITLE		☐ Change ☐ Addition
NAME			1 5	.2 NAME		,
STREET ADDRESS	s		H =	3.3 STREE	TADDRESS	:2'
CITY-ST-ZIP			j s	4 CITY-S	T-ZIP	
TITLE			DELETE 6	3.1 TITLE		☐ Change ☐ Addition
NAME			∮ €	3.2 NAME		,
STREET ADDRESS	S		∦ ∈	3.3 STREE	T ADDRESS	
CITY-ST-ZIP			1 6	6.4 CITY-S	T-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 trastee 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 or an attachment with an address, with all other like empowered.

SIGNATURE: