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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

K86706

(4)

OSTEEN ELECTRICAL CONTRACTING, INC.

Mailing Address Principal Place of Business 5909 BALSAM DR 5909 BALSAM DR FT. PIERCE FL 34982 FT. PIERCE FL 34982 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/09/1989 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0116892 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Ζφ 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 30 24 25 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent Name 81 osteen, roger e. 5909 BALSAM DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL 34982 83 City Zip Code 84 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 office of the corporation of the co (NOTE Registered Agent signature required when reinstating) SIGNATURE DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change 1.1 TITLE TITLE OSTEEN, ROGER E NAME 1.2 NAME 5909 BALSAM DR 1,3 STREET ADDRESS STREET ADDRESS FT PIERCE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TOTLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 THILE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**FILED** 

Jan 29 1998 8:00am

Secretary of State