## 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 # K99786

1. Corporation Name

MIKE PRICHARD ELECTRICAL CONTRACTOR, INC.

## **FILED** Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90059 027 \*\*\*150.00



Principal Place	of Business	Mailing Address	<del>, ,</del>		112010((1010)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1810 LAKE BRO	OWN DRIVE	1810 LAKE BROWN DRIVE					
HAINES CITY FL 33844		HAINES CITY FL 33844			DO NOT WRITE IN THIS SPACE		
-					3. Date Incorporated or Qualifed		
	·				07/03/1989		1
2. Principal Pl	lace of Business	2a. Mailing Address		477	4. FEI Number	Ar	plied For
21		26			59-3002629	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22	المنته المناه الماليم المراج الموالي المال	27	:	Laments			<del></del>
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution		to Fees
Zip	Country	<u> </u>	1	ntry	,		TENO
24	25	<del></del>	0				
	9. Name and Address of Current	Registered Agent	-+	81 Name	To: Numb and Addition to global		
PRICHARD, MICHAEL P., SR. 1810 LAKE BROWN DRIVE							
			Ì	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	. *	
	IES CITY FL 33844		-	83			
			L		<u> </u>		
	ili. Ngangan inggan hengan ka	SR   Street Address (P.O. Box Number is Not Acceptable)   Street Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)   Street Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable					
		Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No  of Current Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83    84 City   FL   85 Zip Code    85 Street Address (P.O. Box Number is Not Acceptable)  86   87 Name    87   88 Name    88   88   City   FL   80    89   80   80    80   80   80    80   80					
office or n	agistored agent or both in the State o	of Florida. Suich change was autr	norizea	ov ine corporati	on's board of directors. I hereby accept the ap-	pointment as re	gistered
	in lattillar with and doop; ale;obligor					•	l
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	<u> </u>	Agent signature require	or midit (amening)		
12.					ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE		1	·	L. J Criange	
NAME 1	PRICHARD, MICHAEL P., SR		1,2 NA		·		\
STREET ADDRESS	1810 LAKE BROWN DRIVE		I.	REET ADDRESS	•		Í
CITY-ST-ZIP.	HAINES CITY FL.	DELETE		Y-ST-ZIP		<u>-</u>	Addition
TITLE	V .	T. DETEIE	2.1 1111			I I Спапла	
NAME	PRICHARD, JUDY					Change	(
STREET ADDRESS	1810 LAKE BROWN DR		2.2 NA	1		[_] Change	
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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.