

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 # L17901

1. Corporation Name

JACKSON BROTHERS ELECTRIC, INC.

Principal Place of Business

6351 26TH AVE N.
ST. PETERSBURG FL 33710
US

Mailing Address

6351 26TH AVENUE N.
ST. PETERSBURG FL 33710-4164
US

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90124 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1989

4. FEI Number

59-2971261

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

9. Name and Address of Current Registered Agent

JACKSON, ROBERT S III
6351 26TH AVENUE
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
JACKSON, ROBERT S. JR.
1764 65TH STREET N.
ST. PETERSBURG FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
JACKSON, ANITA M
1764 65TH STREET N.
ST. PETERSBURG FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
JACKSON, MATHEW B
1764 65TH S N
ST. PETERSBURG FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PC
JACKSON, ROBERT S III
6351 26TH AVE N
ST PETERSBURG FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TSD
JACKSON, JOH NEIL
5951 4TH AVE NORTH
ST PETERSBURG FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☒ Addition

ZIP 33710

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☒ Addition

ZIP 33710

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☒ Addition

ZIP 33710

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change

☒ Addition

Jackson

ZIP 33710

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change

☒ Addition

JOHN NEIL

ZIP 33710

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert S. Jackson III 1-22-99 (727) 343-3189

CR2E034 (11/98)