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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L52014 1. Corporation Name

WADDELL & WHITED ELECTRIC, INC.

-	·						
Principal Place	of Business	Mailing Address			-		
1105 W. SWILLE	Y RD.	P. O. BOX 461		·			
PLANT CITY FL 33567		DURANT FL 33530		DO NOT WRITE IN THIS SPACE			
US				3. Date Incorporated or Qualifed	OI AUL		1
				02/14/1990			
		A Mailing Address		4. FEI Number	Aon	lied For	c ₂ ·
2. Principal Place of Business		2a. Mailing Address		59-2994125	<u> </u>	Applicable	3,513.9
21		Suite, Apt. #, etc.			\$8.75 A		
Suite, Apt. #	#, etc.			5. Certifcate of Status Desired	Fee Rec		
22		City & State		6 Election Campaign Financing	~-\$5:00·N	May Be	
City & State	3			Trust Fund Contribution	Added to		1
23	Country	Zip	Country	8. This corporation owes the current year In	tangible		1
Zip			30	Personal Property Tax.		□No	
24	9. Name and Address of Curre		, , , , , , , , , , , , , , , , , , , ,	10. Name and Address of New Registered	Agent		
	g. Name and Address of Carre		81 Name				1
WAD	DELL, JAMES R.			(D.C. Co. North as in Net Assessable)		<u>:</u>	-
1105 WEST SWILLEY ROAD			82 Street Add	iress (P.O. Box Number is Not Acceptable)	411.2 C 21. P. 612.01	Sir Fide (*A)	
	NT CITY FL 33567		83		. विकास के जिल्ला		1
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			84 City	FL	85 Zip C	ode	ĺ
5 - 4 1	007.05	DD COZ 1500 Florido Statuto	s the above named cor	maration submits this statement for the nurnose of	f changing its i	registered	┪
	egistered agent, or both, in the State m familiar with, and accept the obliga			tion's board of directors. I hereby accept the appo	intment as reg	isterea	
office or readent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes.		intment as reg		
office or re agent. I all SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	da Statutes. Registered Agent signature requi	red when reinstating); DATE			(86)
office or reagent. I all SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOTE: IND DIRECTORS	da Statutes. Registered Agent signature requii	red when reinstating);, DATE ADDITIONS/CHANGES TO OFFICERS A			(11/98)
office or reagent. I as SIGNATURE 12.	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE:	Registered Agent signature requii	red when reinstating); DATE	ND DIRECTO	RS IN 12	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90017 048 ***158.75

813-737-2-430

Daytime Phone #