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

Mailing Address

PO BOX 61253

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L91100

Principal Place of Business

642 MELBA STREET

BEATTIE ELECTRIC COMPANY, INC.

US			US .			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						07/30/1990		
2. Principal Place of Business 2a. Mailing Address			Address	SS		4. FEI Number	Ap	plied For
21		26	— ĭ			59-3006688	No	t Applicable
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Stat	e	City & Si	ate			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	,
23 Zin	Zip Country		Zip Country			8. This corporation owes the current year Inte		
24	25	29	30]		Personal Property Tax.	☐Yes	□No
:4	9. Name and Address of Cui			' 		10. Name and Address of New Registered	Agent .	
	V. Haille and Faciless of Gal	· · ·		81	Name			
BEA'	TTIE, THOMAS A. SR							
642 MELBA ST				82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32207				83	٠.		1	· · · · · · · · · · · · · · · · · · ·
U/(U)	NOTIFIELD 1 E OLLO?			00				
				84	City		85 Zip (Code
						FL proporation submits this statement for the purpose of		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. S AND DIRECTORS	(NOTE: Reg	istered Ager	it signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	DP		DELETE	1.1 TITLE			Change	☐ Additio
	BEATTIE, THOMAS A., SR.	•		1.2 NAME				
NAME	642 MELBE STREET			_	ADDRESS			
STREET ADDRESS					į	,		
CITY-ST-ZIP	JACKSONVILLE FL	 '	DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP		☐ Change	Additio
TITLE	ST TRACER		_ DELETE					
NAME	VANPELT, TRACI B			2.2 NAME				
STREET ADDRESS	642 MELBA STREET				TADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		7 pri ere	2. 4 CITY-5	ST-ZIP		Change	Additio
TITLE		Ĺ	DELETÉ	3.1 TITLE			□ change	L Account
NAME				3.2 NAME		• .		
STREET ADDRESS				3.3 STREE	T ADDRESS		: .	
CITY-\$T-ZIP				3.4. CITY-5	ST-ZIP	·		
TITLE			DELETE	4.1 TITLE				
NAME	1						Change	. Additi
STREET ADDRESS	1			4. 2 NAME			☐ Change	Additi
					T ADORESS	i i i i i i i i i i i i i i i i i i i	☐ Change	C Additi
CITY-ST-ZIP							☐ Change	. , Additio
CITY-ST-ZIP TITLE] DELETE	4.3 STREE		. i.	☐ 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.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90019 014 ***150.00

☐ Change

☐ Addition