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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M88920

(7)

UNITED ELECTRIC & DEVELOPMENT, INC.

UNITEL	D ELECTRIC & DEVELOPA	AENT, ING.						
Principal Place	e of Business	Mailing Address				1 1 1 1 1 1 1 1 1		OHEN DIGHT HORE
230 HARDEE		230 HARDEE LANE						
ROCKLEDGE FL 32955 ROCKLEDGE FL 32955								
					DO NOT WRITE IN THIS SPACE			
ļ						3. Date Incorporated or Qualified		
						07/08/1988		
	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2902063		Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		ļ	5. Certificate of Status Desired	· · · · ·	5 Additional	
City & State		City & State	City & State					Required
·	в	<u> </u>			6. Election Campaign Financing		May Be	
Zip			I Cour	Country		Trust Fund Contribution		d to Fees
24	25	29	30	nt y		8. This corporation owes or has paid the curr Personal Property Tax due June 30.	ent year] Yes	Intangible No
	9. Name and Address of Curre		1301			10. Name and Address of New Registered A		
CA CA	RDINEER, ROSANN	<u></u>		81	Name			
	DHARDEE LANE							
	ICKLEDGE FL 32955			82	Street Addres	ess (P.O. Box Number is Not Acceptable)		
1.0	OINEDGE I E 32833		-	83				
				_				
				84	City	Fi	 85 Zi	ip Code
agent. flai SIGNATURE	m lamiliar with, and accept the obli	igalions of, Section 607.0505, Flo	orida Statu	ites.		oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing intment) its registered as registered
12.	Signature, typud or printed name of registered a	ND DIRECTORS (NOT		Agen	nt signature required		DIDEOT	ODC IN 10
TITLE	PST	DELETE	13.	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change	·····
NAME I	SARDINEER, ROSANN	branc		1.2 NAME		'		Addition
STREET ADDRESS 3580 MURRELL RD.		1.3 STHELL ADDRESS		AUDDECC				
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST		}			
TITLE	h	DELFTE	21 TH		- 211		Change	e 🔲 Addition
NAME	SARDINEER, ROSANN		2.2 NAI					
STREET ADDRESS				2.3 STREET ADDRESS				
CITY-ST-ZIP	ROCKLEDGE FL		2. 4 CI					
TITLE		☐ DELETE	3.1 TITI				Change	e Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STA	EET A	ADDRESS			
CiTY-ST-ZIP			3.4. CITY - S		(- 7IP			
TITLE		DELETE		4.1 TITLE			Change	e Addition
NAME			4. 2 NA	4. 2 NAME				
STREET ADDRESS			4.3 STR	4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY-ST-ZIP		- ZIP			
TITLE		DELETE	5.1 TITLE				Change	e 🔲 Addition
NAME			5 2 NAM	Æ				
STREET ADDRESS			5.3 STF	EET A	NOORESS			
CITY-ST-ZIP			5.4 CIT					
TITLE				6.1 TITLE			Change	e Addition
NAME			6.2 NAI	ΛE	1			
STREET ADDRESS		6.3 STR	6.3 STREET ADDRESS					
					1			

14. Hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied ental fundual 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 proporation of the receiver or trustee empowered to recule 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.

FILED

Jul 02 1998 8:00am

Secretary of State