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 # P40928

1. Corporation Name

GUY BARRETTE ELECTRICAL CONTRACTOR, INC.

	*							
Principal Place of Business Mailing Address						7 (30) (40) Albert deren lette iran iran	aibit bibit aibit at	#11 #1 #11 1 # #1
4053 ACOMA DI ORMOND BEAC			oma dr. D Beach FL 32174			DO NOT WRITE IN THIS SPACE		
			•			3. Date Incorporated or Qualifed		
						10/07/1992		
2. Principal Place of Business		2a. Mai	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26	26			06-1174223		t Applicable
Suite, Apt. #, etc.		Suit 27	Suite, Apt. #, etc.			5. Certificate of Status Desired 5. S8.75 Additional Fee Required		
City & State	e	City	City & State			6. Election Campaign Financing	\$5.00	
23		28	<u> </u>			Trust Fund Contribution Added to Fees		
Zip				Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
24	25	29	30	<u> </u>		Personal Property Tax. Yes No 10. Name and Address of New Registered Agent		
	9. Name and Address of Curr	ent Registered	3 Agent	81	Nama	10. Name and Address of New Registere	u Agent	
DADE	DETTE OUV			*'	Name			
BARRETTE, GUY				82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
4053 ACOMA DR.								
ORMOND BEACH FL 32174								
				84	City 32	The Contract of the Contract o	. 85 Zip C	Code
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11 Pursuant office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	e of Florida. So gations of, Sec	508, Florida Statutes uch change was auth tion 607.0505, Florid	the above norized by a Statutes	e named co the corpora	rporation submits this statement for the purpose ation's board of directors. hereby accept the appropriate the purpose are the purpose.	of changing its cintment as rec	registered gistered
SIGNATURE		ا عظو ۱۱۱ علو	7	* **		and the same section as th	\$* , ', ', ',	
Signature, typed or printed name of registered agent and title if applicable. (NOTE; R					nt signature requ	ured when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	DCP DELETE		1.1 TITLE			Change	☐ Addition	
NAME	BARRETTE, GUY			1.2 NAME				}
STREET ADDRESS	4053 ACOMA DR.			1.3 STREE	TADDRESS			Ì
CITY-ST-ZIP	ORMOND BEACH FL			14 CITY-S	T-ZIP			
TITLE			2.1 TITLE	1		☐ Change	☐ Addition	
NAME	BARRETTE, JUDITH			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			ĺ	
CITY-ST-ZIP			2.4 CITY S	T ZIP			-	
TITLE		• •	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition \
NAME				3.2 NAME				ļ
STREET ADDRESS	II.			3.3 STREE	TADDRESS			1
CITY-ST-ZIP				3.4. CITY-S	ST-ZIP			
TITLE		•	DELETE	4.1 TITLE			☐ Change	Addition
NAME				4. 2 NAME]
STREET ADDRESS				4.3 STREE	TADDRESS			. {
CITY-ST-ZIP	• •	•	•	4,4 CITY-S	T-71P	•		
TITLE			DELETE	5.1 TITLE		,	Change	☐ Addition
NAME		و ماراستان سد د		5.2 NAME		A committee of the comm		
	the property with a contract		14 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	5.3 STREE	TADDRESS : .	The control of the second of t	energiane en energiane	
STREET ADDRESS	and a particular of the control of t		5.4 CITY-S	3 - 3 - 3	ا الله الله الله الله الله الله الله ال	in in	in the same of	
CITY-ST-ZIP	a property and was a separate			6.1 TITLE		Section 20 Control of the section of	Change	Addition
TITLE	The second secon	العليم المراجعة المراجعة ال	and a series of the contract o	6.2 NAME	* ا قسمت سـ "	The second of th		_
NAME	Company to the second section of the second sec		Marine and Address of the con-	4	TADDRESS	e e e e e e e e e e e e e e e e e e e		J
STREET ADDRESS	August and the control						****	, l
CITY-ST-ZIP				6.4 CITY-S	1-212	The second secon		Sec. 1

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:

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90093 043 ***150.00