## 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 # P9200009235

ESI ELECTRICAL SERVICES, INC.

Principal	Place	of	Business

Mailing Address

11020 EASTWOOD DR

11020 EASTWOOD DR

## FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90125 002 \*\*\*150.00



ORLANDO FL	_ 32817	ORLANDO FL 32817						
1						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed		<del></del>
2 Dringing!	Place of Business					12/03/1992		
<b>├</b> ── `	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
Suite An	\$ 15 a.s.	26			_	59-3152133	<b>⊢</b>	Not Applicable
Suite, Ap	i. #, etc.	Suite, Apt. #, etc.						Additional
City & Sta	ato .	27				5. Certifcate of Status Desired		Required
<u></u>	ate	City & State				6. Election Campaign Financing		0 мау Ве
Zip	Country	28				Trust Fund Contribution		d to Fees
<del>-</del> , `	Country	Zip	Countr	У		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	Yes	□No
<del> </del>	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere		
GIL	LETTE, HERB E		8.	1   1	Name			
101	O SIERRA LANE		82	٠ او	Street Addr	ace (B.O. Boy Number is Al-4.4	<u>-</u>	
	LANDO FL 32807		oz Street Addr			ess (P.O. Box Number is Not Acceptable)		
Uni	LANDO FL 3200/		83	3				
			<u> </u>	$\perp$				
			84	<u>ا</u> ا	City		85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutos	the above	<u></u>	amad same	pration submits this statement for the purpose	_	
Office or i	registered agent, or both, in the State of	Florida. Such change was aut	horized by	the	amed corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	s registered
		ns of, Section 607.0505, Florid	da Statutes	<b>3</b> .		and an arrange of the app	Silitation as it	egisiered
SIGNATURE	Signature, typed or printed name of registered agent a							
12.	OFFICERS AND	DIRECTORS (NOTE: R		nt sig	nature required	when reinstating) DATE		
TITLE	ST	DELETE	13.		— <del>,                                    </del>	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
NAME	PENDLETON, JAMES D		1.1 TITLE				☐ Change	☐ Addition
STREET ADDRESS	5338 PITCH PINE DR		1.2 NAME					
CITY-ST-ZIP			1.3 STREE	TADE	DRESS			1
TITLE	ORLANDO FL 32819		1.4 C/TY-S	T-ZIF	,			}
NAME	•	☐ DELETE	2.1 TITLE			•	☐ Change	☐ Addition
	DANN, RALPH B		2.2 NAME				_	_
STREET ADDRESS	11020 EASTWOOD DR		2.3 STREET	ADD	DRESS	•		J
CITY-ST-ZIP	ORLANDO FL 32817		2.4 CITY-S	T- 216	.   م	en e		J
TITLE	V	☐ DELETE	3.1 TITLE				Change	Addition
NAME	Gillette, herbert e		3.2 NAME				onlings	LJ Addition
STREET ADDRESS	1010 SIERIA LANE		3.3 STREET	ADD	IRESS			
CITY-ST-ZIP	ORLANDO FL 32807		3.4. CITY- S		1			}
TITLE		☐ DELETE	4.1 TITLE	1-24				
NAME			4. 2 NAME		İ		☐ Change	☐ Addition .
STREET ADDRESS								
CITY-ST-ZIP			4.3 STREET		RESS			
TITLE		☐ DELETE	4.4 CITY-ST	-ZIP	+-			
NAME		- Delicie	5.1 TITLE 5.2 NAME				☐ Change	☐ Addition
STREET ADDRESS			-	400-				1
CITY-ST-ZIP			5.3 STREET		ŒS\$			ļ
TITLE			5.4 CITY-ST-	ZiP				
NAME		☐ DELETE	6.1 TITLE				☐ Change	Addition
i			6.2 NAME				-	
STREET ADDRESS		ſ	6.3 STREET A	ADDR	RESS			
CITY-ST-ZIP			6.4 CITY-ST-	ZIP				ĺ

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:

2-5-99