FILE NOW: FILING FEE AFTER MAY 1ST IS \$5\$0.00

## **FILED** Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT CORPORATION Secretary of State Sandra B. Mort ANNUAL REPORT Secretary of St. DIVISION OF CORPO TIONS 1998 DOCUMENT # P93000013657 (0) PREMIERE ELECTRIC OF FLORIDA. INC. Principal Place of Business Mailing Address 1170 TOOKES RD 1170 TOOKES RD TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/19/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 <u>59-3166862</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAAS, LEE L. 19245 US 19 NORTH, SUITE 109 Street Address (P.O. Box Number is Not Acceptable) 82 ARBOR SHORELINE BUILDING 83 **CLEARWATER FL 34824** 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 11 TITLE MCCARTHY, DENNIS NAME 1.2 NAME 1170 TOOKES RD STREET ADDRESS 1.3 STREET ADDRESS TARPON SPRINGS FL 34689 1.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition TITLE DELETE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZIP

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 empowed to execute this report is fequired 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

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 City-St-ZIP

DELETE

SIGNATURE: DENNIS C.MOC

TITL F

NAME

STREET ADORESS

CITY-ST-ZIP

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Change

Addition