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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90025 043 \*\*\*150.00

DOCUMENT # P93000032663

1. Corporation Name

GUARDIAN ELECTRIC, INC.

Principal Place of Business

12000 SOUTH TAMiami TRAIL UNIT 1  
FT. MYERS FL 33907

Mailing Address

12000 SOUTH TAMiami TRAIL UNIT 1  
FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1954-3 PARK MEADOWS DR.

Suite, Apt. #, etc.

22 #3

City & State

23 FT. MYERS FL.

Zip

24 33907

Country

25 UNITED STATES

2a. Mailing Address

26 1954-3 PARK MEADOWS DR.

Suite, Apt. #, etc.

27 #3

City & State

28 FT. MYERS FL.

Zip

29 33907

Country

30 UNITED STATES

3. Date Incorporated or Qualified

05/05/1993

4. FEI Number

65-0415459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

FLEISHMAN, ARNOLD H  
6109 DEER RUN S W  
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FLEISHMAN, GREGORY H  
STREET ADDRESS 12000 SOUTH TAMiami TRAIL, UNIT 1  
CITY-ST-ZIP FT. MYERS FL 33907

TITLE D ☐ DELETE

NAME FLEISHMAN, ARNOLD  
STREET ADDRESS 12000 SOUTH TAMiami TRAIL  
CITY-ST-ZIP FT. MYERS FL 33907

TITLE VP ☐ DELETE

NAME FARRELL, JOHN  
STREET ADDRESS 12000 S. TAMiami TRAIL  
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

041964