May 06, 1999 8:00 am Secretary of State

05-06-1999 90295 091 \*\*\*150.00

05-06-1999 90295 092 \*\*\*\*\*8.75

## 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 # P9300044738

1. Corporation Name

HAMILTON ELECTRIC, INC.

Principal Plac	e of Business	aifing Address					i (#0)(#4) tin (0)00 tust nollt noll		
204 N. FISKE BLVD.			204 N. FISKE BLVD.						
#4			#4					DO NOT WRITE IN THIS SPACE	
COCOA FL 32922			COCOA FL 32922 US					3. Date Incorporated or Qualified	
00		Ų.						06/18/1993	
2. Principal Place of Business 2a. Mailing Address								4. FEI Number Applied For	
<u>⊢</u> ¬ ' Ի			26					59-3193565 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75 Additional	
22			27					5. Certificate of Status Desired  Fee Required	
City & State			City & State					6. Election Campaign Financing \$5.00 May Be	
23		28	<u> </u>					Trust Fund Contribution Added to Fees	
Zip	Country	z	ip		intry			8. This corporation owes the current year Intangible	
24	25	29	···-	30				Personal Property Tax. Yes No	
	9. Name and Address of Currer	t Register	red Agent			<del></del>		10. Name and Address of New Registered Agent	
LIAN.	W TON WALLE E				81	Na	me		
HAMILTON, WILLIE E. 3833 SOUTH DENTON CIRCLE					82	Str	reet Address (P.O. Box Number is Not Acceptable)		
COCOA FL 32926			<u> </u>						
	OA FL 32920				83				
					84	Cit		85 Zip Code	
				<u> </u>	L. j	<u></u>		poration submits this statement for the purpose of changing its registered	
SIGNATURE	Signature, typed or printed name of registered age  OFFICERS AN		<del>```</del>	Registered	l Agen	nt signa	ture require	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P		☐ DELETE	1.1 11	TLE		$\neg \vdash$	Change Addition	
NAME	HAMILTON, WILLIE E			1.2 N	AME				
STREET ADDRESS	3833 SOUTH DENTON CIRCLE	:		1.3 5	TREET	TADDR	ESS		
CITY-ST-ZIP	COCOA FL 32926			1.4 CI	TY-SI	T-ZIP			
TITLE			☐ DELETE	2.1 T	TLE			Change Addition	
NAME	{			2.2 N	AME				
STREET ADDRESS				2.3 \$7	TREET	RODA 1	ESS		
CITY-ST-ZIP				2.40	ITY-S	T-ZIP			
TITLE			☐ DELETE	3.1 TI	TLE			Change Addition	
NAME				3.2 №	AME				
STREET ADDRESS				3.3 \$1	TREET	FADDR	ESS		
CITY-ST-ZIP				3.4 C	aty-s	T-ZIP	_		
TITLE			☐ DELĒTE	4.1 TI				Change Addition	
NAME				4.2 N	AME				
STREET ADDRESS				4.3 ST	TREET	ADDR	ESS [		
CITY-ST-ZIP				_	TY-S1	T-ZIP_			
TITLE			☐ DELETE	5.1 TI				☐ Change ☐ Addition	
NAME				5.2 N					
STREET ADDRESS						ADOR	ESS		
CITY-ST-ZIP				_	TY-ST	T-ZIP		54	
TITLE			☐ DELETE	6.1 TI				☐ Change ☐ Addition	
NAME				6.2 N					
STREET ADDRESS				6.3 S	TREET	FADDR	ESS		

6.4 CITY-ST-ZIP

SIGNATURE:

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 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 impowered. 407-632-969