

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 # P93000059297

1. Corporation Name

DAVE BEAN ELECTRIC, INC.

Principal Place of Business

7850 ELLIS ROAD  
MELBOURNE FL 32904

Mailing Address

7850 ELLIS ROAD  
MELBOURNE FL 32904

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90009 050 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1993

4. FEI Number

59-3198341

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2447 N. Wickham Rd.

2a. Mailing Address

26 1791 Stewart Place

Suite, Apt. #, etc.

22 Suite 138

Suite, Apt. #, etc.

27

City & State

23 Melbourne, FL

City & State

28 Melbourne, FL

Zip Country

24 32935 25

Zip Country

29 32935 30

9. Name and Address of Current Registered Agent

BEAN, DAVID  
527 RONNIE DR.  
INDIAN HARBOR BCH FL 32937

10. Name and Address of New Registered Agent

81 Name

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

1791 Stewart Place

83

84 City

Melbourne

FL

85 Zip Code

32935

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 PCEO ☐ DELETE

NAME BEAN, DAVID

STREET ADDRESS 527 RONNIE DRIVE

CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE S/T ☐ DELETE

NAME WEEKS, DONNA

STREET ADDRESS 527 RONNIE DR.

CITY-ST-ZIP INDIAN HARBOUR BCH FL 32937

TITLE V ☐ DELETE

NAME HERRON, JERRY

STREET ADDRESS 1046 DALLAM AVE NW

CITY-ST-ZIP PALM BAY FL 32907

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

1791 Stewart Place  
Melbourne, FL 32935

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2592 Fulton Court  
Melbourne, FL 32935

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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)(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:

Donna M. Weeks

1-11-99

407-752-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)