## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000061329 (7)

FILED Apr 20 1998 8:00am Secretary of State

	Corporation Name THW ELECTRIC, IN		7000102						
Principal Place of Business Mailing Address							1 18411991 118 18188 1818 80181 00181	### <b>##</b> ### <b>#</b> #### #### #### #	TIBLE LOST IEES
2357 APPALOSSA CIR P.O.BOX 7551									
SARASOTA FL 34240 US			SARASOTA FL 34278 US				DO NOT WRITE IN THIS SPACE		
•	•		00				3. Date Incorporated or Qualified		
							08/26/1993		İ
	Principal Place of Business	al Place of Business		2a. Mailing Address			4. FEI Number		Applied For
21		And Hospital		[26]			65-0435112	1	Not Applicable
_	Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22	City & State	City & State						Required	
23	ony a onato	28				6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
	Zip	Country	Zg		Country		8. This corporation owes or has p		
24	25		29		30		Personal Property Tax due June		No
	9, Name an	d Address of Curre	ent Registered Ag	enl		······	10. Name and Address of New R	egistered Agent	
MATTHEWS, TERENCE					81	Name			
5190 26TH ST. W.					82	Street Addr	ess (P.O. Box Number is Not Accepta	.ble)	
SUITE D					-				
Bradenton FL 34207					83				İ
					84	City		<b>— 85</b> Zip	o Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid					on the about	nomed core	cratice authorite this statement for the	FL B 2"	
• • • • • • • • • • • • • • • • • • • •	office or registered agent	, or both, in the Sta	le of Florida, Such	chango was a	uthorized by	the corporate	ion's board of directors. I hereby acce	purpose of changing pt the appointment a	is registered
		and accept the obli	gations of, Section	607.0505, Ho	rida Statutes	S.			
SIG	NATURE Signature, typed or pr	pinted manie of registered a	gent and trimit applicable	(NOTE	Hegislared Apr	int signature requir	ed when reinstaling)	DATE	
12. OFFICERS AND					13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12
TAL	, ,,		Ţ	DELETE	1.1 TITLE			Change	☐ Addition
NAM	.   1170,000,001,0				1.2 NAME				
STRE	ET ADORESS 2357 APPA	1.3 STREET ADDRESS			ADDRESS			,	
	-ST-ZIP SARASOTA	FL		Topiere	1.4 CITY - S	1 - ZIP			
TITLE	, ,,,		Ļ	DELETE	2.1 TITLE			L Change	☐ Addition
NAM	THOMAS, DEMOE				2.2 NAME				
	STREET ADDRESS 2357 APPALOOSA CIR.  SARASOTA FL				2.3 STREET	l l			
TITLE		<u> </u>	T	DELETE	2 4 CITY - 5	S1-ZIP		Change	Addition
NAM			<u>.</u>		3.2 NAME			C) Onlings	
	TREET ADDRESS			3.3 STREET ADDRESS					
	-\$T-ZIP				3.4 CITY - S				
TITLE				DELETE	4.1 TITLE			Change	Addition
NAM					4. 2 NAME				ļ
STRE	ET ADDRESS				4.3 STREE1	ADDRESS			
CITY-	-ST-ZIP				4.4 CITY-S	T-ZIP			
TITLE				DELETE	5.1 TITLE			Change	☐ Addition
NAM					5.2 NAME				
	ET ADDRESS				5.3 STREET	ADDRESS			ļ
	ST-ZIP		·	DELETE	5.4 CITY-S	1-ZIP			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE			L.	DELETE	6.1 TITLE			Change	Addition
NAME	i				6.2 NAME	*DODECC			
	ET ADDRESS				6.3 STRE€T	l l			j
	ST-ZIP hereby certify that the inf	ormation supplied	with this filing does	riot qualify for	6.4 City-S r the exempl		Section 119.07(3)(i), Florida Statutes. I	further certify that th	e information

4. 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.

CICALATURE.

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