

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90095 030 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P93000088804**

1. Corporation Name  
**GERELCO ELECTRICAL CONTRACTORS, INC.**



Principal Place of Business 521 NW ENTERPRISE DR. PORT ST. LUCIE FL 34986 US	Mailing Address 521 NW ENTERPRISE DR. PORT ST. LUCIE FL 34986 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/30/1993</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0461283</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GEREMIA, KENNETH A. 1360 OLDE DABLOON DR. VERO BCH. FL 32963</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEREMIA, KENNETH A.</b>	1.2 NAME	
STREET ADDRESS	<b>1360 OLDE DABLOON DR.</b>	1.3 STREET ADDRESS	<b>1360 Olde Doubloon Dr.</b>
CITY-ST-ZIP	<b>VERO BCH. FL</b>	1.4 CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEREMIA, CAROL A.</b>	2.2 NAME	
STREET ADDRESS	<b>1360 OLDE DABLOON DR.</b>	2.3 STREET ADDRESS	<b>1360 Olde Doubloon Dr.</b>
CITY-ST-ZIP	<b>VERO BCH. FL</b>	2.4 CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUEHLER, MARK D</b>	3.2 NAME	
STREET ADDRESS	<b>505 ALAMANDA WAY</b>	3.3 STREET ADDRESS	<b>729 Michaels Court</b>
CITY-ST-ZIP	<b>STUART FL</b>	3.4 CITY-ST-ZIP	<b>STUART FL 34996</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEREMIA, KENNETH A JR</b>	4.2 NAME	
STREET ADDRESS	<b>1360 OLDE DOUBLOON DR</b>	4.3 STREET ADDRESS	<b>246 Sweet Bay Circle</b>
CITY-ST-ZIP	<b>VERO BCH FL 32963</b>	4.4 CITY-ST-ZIP	<b>Jupiter FL 33458</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Kenneth A. Geremia **Kenneth A. Geremia** 1/6/99 561-340-7474  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)