

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

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

02-26-1999 90034 005 ***150.00

DOCUMENT # P94000065558

1. Corporation Name
ELECTROLS, INC.

Principal Place of Business
14421 BRIDGEVIEW LANE
PORT CHARLOTTE FL 33953

Mailing Address
PO BX 1143
P. O. BOX 381143
MURDOCK FL 33938-1143
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1994

4. FEI Number

65-0519661

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

9. Name and Address of Current Registered Agent

MILLS, ROBERT
14421 BRIDGEVIEW LANE
PORT CHARLOTTE FL 33953

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

Robert J. Mills

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 ST
NAME MILLS, MARILYN L.
STREET ADDRESS 14421 BRIDGEVIEW LANE
CITY-ST-ZIP PORT CHARLOTTE FL
DECEASED

☒ DELETE

TITLE V
NAME MILLS, JACK J.
STREET ADDRESS 53501 STONEHENGE DR
CITY-ST-ZIP SHELBY-TWP MI

☐ DELETE

TITLE V
NAME MILLS, CHRISTOPHER A.
STREET ADDRESS 17307 HILLCREST DRIVE
CITY-ST-ZIP MACOMB MI

☐ DELETE

TITLE P
NAME MILLS, ROBERT J
STREET ADDRESS 14421 BRIDGEVIEW LANE
CITY-ST-ZIP PORT CHARLOTTE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SECRETARY-TREASURER
MILLS, CHRISTOPHER A.
17307 HILLCREST DR.
MACOMB, MI 48044

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Robert J. Mills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-99 (941) 764-1286

CR2E034 (11/98)