

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90142 022 ***150.00

DOCUMENT # P95000013034

1. Corporation Name

SENTRY ELECTRICAL SERVICES, INC.

Principal Place of Business

5107 LUTZ LAKE FERN RD
LUTZ FL 33549
US

Mailing Address

5107 LUTZ LAKE FERN RD
LUTZ FL 33549
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1995

4. FEI Number

59-1873887

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

GRIFFIN, IRENE
5107 LUTZ LAKE FERN ROAD
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

GRIFFIN, IRENE

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

425 LAIRD ROAD

83

84 City

DEFUNIAK SPRINGS, FL

85 Zip Code

32433

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

Irene Griffin, Sec. Irene Griffin

3-3-99

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 D ☐ DELETE
NAME GRIFFIN, GEORGE P
STREET ADDRESS 5107 LUTZ LAKE FERN ROAD
CITY-ST-ZIP LUTZ FL

TITLE D ☐ DELETE
NAME BANE, CAROLE
STREET ADDRESS 263 LAIRD ROAD
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE D ☐ DELETE
NAME BANE, WILLIAM
STREET ADDRESS 263 LAIRD ROAD
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE D ☐ DELETE
NAME GRIFFIN, IRENE
STREET ADDRESS 5107 LUTZ LAKE FERN RD
CITY-ST-ZIP LUTZ FL

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 D ☒ Change ☐ Addition
1.2 NAME GRIFFIN, GEORGE P.
1.3 STREET ADDRESS 425 LAIRD ROAD
1.4 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

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

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

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME GRIFFIN, IRENE
4.3 STREET ADDRESS 425 LAIRD ROAD
4.4 CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

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

6.1 TITLE ☐ Change ☐ Addition
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: George P. Griffin

SIGNATURE REQUIRED

3-3-99

850-859-0126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)