

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 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90056 027 \*\*\*150.00

DOCUMENT # P95000016811

1. Corporation Name

PIGOTT ELECTRIC COMPANY, INC.

Principal Place of Business

505 NO. FERDON BLVD.  
CRESTVIEW FL 32539

Mailing Address

505 NO. FERDON BLVD.  
CRESTVIEW FL 32539

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1995

2. Principal Place of Business

21 593-B W. JAMES LEE

2a. Mailing Address

26 P.O. Box 805

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CRESTVIEW, FL

City & State

28 CRESTVIEW, FL

Zip

24 32536

Country

25 USA

Zip

29 32536

Country

30 USA

4. FEI Number

59-3301124

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

PIGOTT, BRUCE M

505 NO. FERDON BLVD.  
CRESTVIEW FL 32539

10. Name and Address of New Registered Agent

81 Name

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

83 593-B W. JAMES LEE

84 City

CRESTVIEW

FL

85 Zip Code

32536

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 consolidating

1-25-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD ☐ DELETE

NAME PIGOTT, BRUCE M

STREET ADDRESS 5312 CONSTITUTION RD

CITY-ST-ZIP CRESTVIEW FL

TITLE STD ☐ DELETE

NAME PIGOTT, CAROLYN D

STREET ADDRESS 5312 CONSTITUTION RD

CITY-ST-ZIP CRESTVIEW FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 '2

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1-25-99

850-682-9017

CR2E034 (11/98)