

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

DOCUMENT # P95000020837

1. Corporation Name

GOMILLION ELECTRIC & CONSTRUCTION, INC.

Principal Place of Business

5847 COY BURGESS LOOP
DEFUNIAK SPRINGS FL 32433

Mailing Address

P.O. BOX 798
DEFUNIAK SPRINGS FL 32435
US

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90105 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1995

4. FEI Number

59-3302024

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

2. Principal Place of Business

21 824 Steele Church Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 824 Steele Church Rd.
Suite, Apt. #, etc.

City & State

23 Defuniak Springs, FL
Zip Country

City & State

28 Defuniak Springs, FL
Zip Country

24 32433 25 USA

29 32433 30 USA

9. Name and Address of Current Registered Agent

GOMILLION, LARRY R
5847 COY BURGESS LOOP
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name

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

83 824 Steele Church Road

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-12-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE PVDC ☐ DELETE

NAME GOMILLION, LARRY R
STREET ADDRESS 5847 COY BURGESS LOOP
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE TS ☒ DELETE

NAME SPENCE, TERESA L.
STREET ADDRESS 5847 COY BURGESS LOOP
CITY-ST-ZIP DEFUNIAK SPRINGS 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 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Secretary - Treasurer
Gomillion, Jenny R.
824 Steele Church Road
Defuniak Springs, FL 32433

☐ Change

☒ Addition

☐ Change

☐ Addition

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☐ Addition

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☐ 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 or other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

850-892-3438

Daytime Phone #

CR2E034 (11/98)