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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000036576 (3)

SOUTHWEST ELECTRIC, INC.

FILED					
May 06 1998 8:00am					
Secretary of State					

Principal Place of Purinces					
Principal Place of Business Mailing Address 4273 ARNOLD AVE 8					
NAPLES FL 34104 US NAPLES FL 34104 US US				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
					05/04/1995
2. Principal Pi	lace of Business	2a. Mailing Address		ο.	4. FEI Number Applied For
21 2//2	Bomestic Ave		ESIL	AU	UJ 101160J
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	$\overline{\mathcal{D}}$		5. Certificate of Status Desired Fee Required
22 50,4	<u>e 5</u>	27 Syl-70	<u> </u>		
City & State	alac F/	City & State	1-/	•	6. Election Campaign Financing \$5.00 May Be
23 ////	Country	28 NAPLOS	Countr	<u>-</u>	Trust Fund Contribution LJ Added to Fees
Zip	1111 - 12 111 -	ー ウノノ・ノ		"L'ek	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 57/	9. Name and Address of Current I	Peristered Agent	30 00	~ ~~	10. Name and Address of New Registered Agent
		Hogistorou Agorit	B1	Name	(b). Hamo did Assisse of their Hogister of Agent
	HNSON, KIMBERLY L		Ľ	1167113	
				Address (P.O. Box Number is Not Acceptable)	
SUITE 300					
NA	PLES FL 33940		~	Ί	
			84	City	85 Zip Code
				<u></u>	corporation submits this statement for the purpose of changing its registered
office or re agent. I a SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligati	Florida. Such change was ons of, Section 607.0505, F	authorized b forida Statute	y the corp	poration's board of directors. I hereby accept the appointment as registered
	Signature, typeid or printed name of registered agent			ent signature	e required when reinstating) DATE
12.	OFFICERS AND		13.	₁	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	CHASE, CARL		1.2 NAME		1
STREET ADDRESS	9733 LITCHFIELD LANE		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CłTY-	ST-ZIP	
TITLE	P		21 TITLE		Rufus H. WATSON Change Addition SSOI RATTLESNAKE HAMMOCK Rd 4208 NAPLES, FL. 34113 Change Addition
NAME	WATSON, RUFUS		2.2 NAME		A STATE OF THE STA
STREET ADDRESS	108 SANTA CLARA DR		2.3 STREE	T ADDRESS	530/ KATTLESNAKE NAMMOCK KH 4208
CITY-ST-ZIP	NAPLES FL		2. 4 CiTY-	·ST-ZIP	NAPLES, FL. 341/3
TITLE		☐ DELETE	31 TITLE	İ	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4. CITY	-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	İ	LJ Change LJ Addition
NAME			4. 2 NAMI	:	
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS				TADDRESS	

64 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 of 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 altachment with an address.