PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073259

1. Corporation Name

AD & T ELECTRIC, INC.

Principal	Place of	Business							

Mailing Address

645 UNITED STEEET #22 KEY WEST FL 33040 645 UNITED STEEET #22 KEY WEST FL 33040

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90127 020 ***150.00



DO NOT WRITE IN THIS SPACE

								3. Date incorporated or Qualifed 09/20/1995				
A Bata da al Ol	- F. D. reinene	2a Mailin	a Address				+	4. FEI Number			Applied For	
Z. Principal Pi	ace of Business	⊢ '	2a. Mailing Address		- 1	65-0615122		H	Not Applicable			
21		26					-	00 00 10 122		¢0 7		
Suite, Apt.	#, etc.	27 Suite,	Apt. #, etc.					5. Certifcate of Status Desired		•	5 Additional Required	
City & Stat	e	City &	State				- 1	6. Election Campaign Financing		\$5.0	00 May Be	
23	· · · · · · · · · · · · · · · · · · ·	28	. In	-			*=	Trust Fund Contribution		Add	ed to Fees	
Zip	Country	Zip		Cour	ntry			8. This corporation owes the current year			_	
24	25	29	36	0				Personal Property Tax.		Yes	□No	
,	9. Name and Address of Current I	Registered A	\gent				1	10. Name and Address of New Registe	red Aç	gent		
					81	Name						
RICH	iardson, marcella m			-	and the state of t							
645	United Steeft #22				82 Street Address (P.O. Box Number is Not Acceptable)							
KEY	WEST FL 33040			ŀ	83						·	
					•							
				ŀ	84	City				85 2	Zip Code	
						·			<u> </u>			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508	8, Florida Statutes	the at	ove	named cor	pora	ation submits this statement for the purpos s board of directors. I hereby accept the a	e of ch	nanging ment a	j its registered s registered	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligatio	rionaa. Suci ns of, Section	n change was autr n 607.0505. Florid	a Statu	uy t ites.	ne corporat	uuri S	s south of directors. Thereby accept the a	PPVIIII	a	. Jyiotoi ou	
	The state of the s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,									
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable	le. (NOTE: Re	egistered	Agent	signature requi	red wh	hen reinstating) DAT	Ė			
12.	OFFICERS AND			13.	_			ADDITIONS/CHANGES TO OFFICER	S AND	DIRE	CTORS IN 12	
TITLE	D		□ DELETE	1.1 TIT	LΕ					☐ Char	nge Addition	
NAME	RICHARDSON, MARCELLA M			1.2 NA	MF							
	OAE LINETED OTESET #00				1.3 STREET ADDRESS							
STREET ADDRESS	645 UNITED STEET #22			i i								
CITY-ST-ZIP	KEY WEST FL 33040			1.4 CIT		-ZIP		<u> </u>		☐ Char	nge	
TITLE	D. Bula la	-4-	☐ DELETE	2.1 TIT	LE					∐ Chai	ige 🔲 Addition	
NAME	Athony V Richardson 645 united st #22			2.2 NA								
STREET ADDRESS				2.3 ST	REET.	ADDRESS						
CITY-ST-ZIP	Key West FL33. brence N Richam 645 United St #	040		2. 4 Cf	TY-ST	r-ZIP						
TITLE	h	4	DELETE	3.1 TIT					Ï	Char	nge 🗌 Addition	
NAME	Tehence N Richan	dson	_	3.2 NA	uc.							
NAME	GHE HINTED STE	タ ユ	1000					• ·			•	
STREET ADDRESS	V-13 0011 01 71	- 				ADDRESS						
CITY-ST-ZIP	Key west FL3	3070		3.4. Cf		r-ZIP				☐ Char	nge	
TITLE			☐ DELETE	4.1 TIT	LΕ					Criar	ião 🖂 vadianti	
NAME				4, 2 N	ME							
STREET ADDRESS				4.3 ST	REET.	ADDRESS						
CITY-ST-ZIP				4.4 CR	Y-ST	-ZIP						
TITLE			☐ DELETE	5.1 TIT	LE .	, ,		, , .		Char	nge	
NAME				5.2 NA	ME	, ,	,					
	, ,			5.3 ST	REET.	ADDRESS						
STREET ADDRESS				5.4 CIT								
CITY-ST-ZIP			☐ DELETE	6.1 TIT						☐ Char	nge Addition	
TITLE	~		☐ DELETE							_ >	- LJ (100(104)	
NAME				6.2 NA		İ						
STREET ADDRESS	The state of the s			6.3 ST	REET.	ADDRESS						
CITY-ST-ZiP				6.4 CIT								
14. I hereby o	certify that the information supplied with	this filing doe	es not qualify for the	ne exer	nptic	on stated in	Sec	tion 119.07(3)(i), Florida Statutes. I furthe	r certif	y that t	he information	

4. 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 and a rectain Rec

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 305.294-422

Daytime Phone

R2E034 (11/98)