## 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

02-19-1999 90100 020 \*\*\*150.00

Feb 19, 1999 8:00 am Secretary of State

## DOCUMENT # POCOCOOCS 11

1. Corporation	L ELECTRICAL CONTRACT					
Principal Place	e of Business	Mailing Address	1417	I (PARIARI III IRIIZ BIILI BENI BENI BENI BANI	( \$5199  III) BILDI IIDDI IIDI ID	•
5140 CEDAR STREET 51		5140 CEDAR STREET				
		GULF BREEZE FL 32561		DO NOT INDITE IN THIS COACE		
				DO NOT WRITE IN THE	IS SPACE	$\neg$
				3. Date Incorporated or Qualifed 01/01/1996		
		On Marillan Address		4. FEI Number	Applied For	긕
_	lace of Business	2a. Mailing Address		59-3349473	Not Applicab	
Suite, Apt.	# atc	Suite, Apt. #, etc.			\$8.75 Additional	
—	#, 6tc.	27		5. Certifcate of Status Desired	Fee Required	Į
City & State	ie .	City & State		6. Election Campaign Financing	\$5.00 May Be	$\neg$
23	-	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year f	ntangible	
24	25	29	30	Personal Property Tax.	Yes 🗌 No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	d Ágent	_
555	## HERENY V		81 Name			Í
	/ES, JIMMY Y		82 Street Add	ress (P.O. Box Number is Not Acceptable)	<u> </u>	$\neg$
	CEDAR STREET					_
GUL	F BREEZE FL 32561		83			
			84 City		85 Zip Code	$\neg$
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute				L		
Office or re	egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Fiorida. Such change was au	id Cietutos	ion's board of directors. I hereby accept the app	ominioni do ipgidini	1
SIGNATURE	Signature, typed or printed name of registered as		Registered Agent signature require	ed when reinstating) DATE		٠
-	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable. (NOTE:	Registered Agent signature require 13.		AND DIRECTORS IN 12	
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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 anyaddress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: