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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600006899

Corporation Name

ORANGE	E COUNTY ELECTRIC, INC.	,			
Dringing Place	a of Business	Mailing Address			ANNI PONE BUNCHEN CON CONTRACTOR
Principal Place of Business 2833 ABBEY RD WINTER PARK FL 32792 US Mailing Address 2833 ABBEY RD. WINTER PARK FL 32792 US				DO NOT WRITE IN	THIS SPACE
	•	•		3. Date Incorporated or Qualifed 01/19/1996	
2 Outputs at D	does of Durings	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Pi	lace of Business		S4COVA D	1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	· .	28 APOPKA	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	
24	25	29 3270 3 3	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent	04 41====	10. Name and Address of New Regist	ered Agent
	•	,	81 Name		
_1791	IIRE, KATHY : 121	5 Buloval	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
WIN	TER PARK FL 32789	W. E.	83		
	ap	ofka re			
	,	•	84 City		FI 85 Zip Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auti	nonzed by the corpora	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered Agent signature requi	ired when reinstating) DA	
12	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE	D', *1,	☐ DELETE	1.1 T/TLE		Change Addition
NAME	CAMIRE: KATHY 1315.	A day Da	1.2 NAME		
STREET ADDRESS	1781-EDWIN BLVD /3/5	Duena	1.3 STREET ADORESS		
CiTY-ST-ZIP	WINTER PARK FL 32789	perfart	1.4 CITY-ST-ZIP		
TITLE	7 2	2.32 DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		105	2.2 NAME	٠	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		_ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS		7.	3.3 STREET ADDRESS	3*	
C/TY-ST-ZIP			3.4. CITY-ST-ZIP	* v3	Change Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		1	4. 2 NAME		
STREET ADDRESS	1 - 1137		4.3 STREET ADDRESS	• .	}
CITY-ST-ZIP		[] DELETE	4.4 CITY-ST-ZiP	*!	Change Addition
TITLE		DELETE	5.1 T/TLE 5.2 NAME		Chaile Dynamide
NAME		•			
STREET ADDRESS	The second secon		5.3 STREET ADDRESS		
CITY-ST-ZIP	Committee !	□ DELETC	5.4 C/TY-ST-Z/P 6.1 TITLE		☐ Change ☐ Addition
TITLE	<u> </u>	DELETE	1		☐ Change ☐ Addition (
NAME	1	,š	6.2 NAME		i

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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

INTERPOLITED IN AME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R2E034 (11/08)