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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90024 036 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000007054

1. Corporation Name
SHARP ELECTRIC, INC.

Principal Place of Business

4189 JAMES DR UNIT C
PORT CHARLOTTE FL 33980
US

Mailing Address

P.O. BOX 381313
MURDOCK FL 33938
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1996

4. FEI Number

65-0720308

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 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

LEWIS, PAT
20123 MABRY AVENUE
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name PATRICK LEWIS

82 Street Address (P.O. Box Number is Not Acceptable)
21036 RIDDLE AVE

83

84 City PORT CHARLOTTE FL 85 Zip Code 33954

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 of 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 *Patrick Lewis* PATRICK LEWIS

4-26-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPTC S
NAME LEWIS, PAT
STREET ADDRESS 20123 MABRY AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE SD
NAME WEEDO, VICKI J
STREET ADDRESS 4322 MELIS ST
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE D
NAME LEWIS, BRENDA S
STREET ADDRESS 411 COLONY CT.
CITY-ST-ZIP SHOREWOOD IL 60417

TITLE D
NAME LEWIS, WAYNE
STREET ADDRESS 18176 WATERBURY DT
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D PTC
1.2 NAME PATRICK T. LEWIS
1.3 STREET ADDRESS 21036 RIDDLE AVE
1.4 CITY-ST-ZIP PORT CHARLOTTE FL 33954

2.1 TITLE SD
2.2 NAME KATHLEEN M. TARDIBUONO
2.3 STREET ADDRESS 21036 RIDDLE AVE
2.4 CITY-ST-ZIP PORT CHARLOTTE FL 33954

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

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 all other like empowered.

SIGNATURE: *Patrick Lewis* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 941-457-0327 Date Daytime Phone #

CR2E034 (11/98)