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 # P96000015249 (1)

ASSOCIATED ELECTRIC OF SARASOTA, INC.

FILED Apr 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									l ingrider tin inten ater anter anter		,	
4927 MYAKKA VALLEY TRAIL SARASOTA FL 34241					4927 MYAKKA VALLEY TRAIL SARASOTA FL 34241				DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified	d		
9 Principal P	loop of Busin	5.00			Mailine Addra				02/19/1996 4. FEI Number			1: 3 =
2. Principal Place of Business					2a. Mailing Address						Applied For Not Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.				65-0649277		\$8.75	
22					27				5. Certificate of Status Desired		Fee Re	
City & State					City & State				6. Election Campaign Financing		\$5.00	
23					28				Trust Fund Contribution		Added	
Zip	Country				Zip Coul				8. This corporation owes or has paid the current year Intangible			angible
24		25		29		30	<u> </u>		Personal Property Tax due Ju] No
g. Name and Address of Current					Registered Agent			None	10. Name and Address of New Registered Agent			
	IRLEY, DAVI						61	Name 1	ames Swiato	wic	-2	
1819 MAIN ST.					İ				ress (P.O. Box Number is Not Accept	able)	·	
SUITE 610							83	490	17 MYAKKA Va	lley I	<u>r</u>	
SA	rasota fl	. 3423	б				03					
							84	City A	NASOTA	FL	85 Zip (ารุง เ
11. Pursuant t	to the provision	ons of S	Sections 607.0502	and 60	7.1508, Florida	Statutes,	the above	e-named cor	rporation submits this statement for the	a purpose of c	hanging it	s registered
office or 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 Signature typod or profiled harve of registered agent and filed it applicable (NOTE Signature repaired when re-installing) OATE												
12.			OFFICERS AND	DIREC			13.		ADDITIONS/CHANGES TO OFF			
TITLE	PD				☐ DEL	ETE	1.1 TITLE			L	_] Change	
NAME			JAMES K				1.2 NAME		•			
STREET ADDRESS			VALLEY TRAIL				1.3 STREET					
CITY-ST-ZIP	SARASO	IA FL	34241		DEL	ETÉ	1.4 CITY-S	T-ZIP			Change	Addition
TITLE	\$TD	ムボヘフ	DEBORAH A		الميا لادرا	E I C	2.1 TITLE			L	1 clarite	Modition
NAME STREET ADDRESS			VALLEY TRAIL				2.2 NAME	ADD0000				
City-SI-ZIP	SARASO						2.3 STREET 2.4 C/TY-1					
TITLE	Q/MINOO	10.16	07671		☐ DELI	ETE	3.1 TITLE	51 - Z/F			Change	Addition
NAME							3.2 NAME			-		_
STREET ADDRESS							3.3 STREET	ADDRESS				
CITY-ST-ZIP							3.4. CITY - 5	ST-ZIP				
THLE					☐ DEU	ETE	4.1 TITLE				Change	Addition
NAME							4. 2 NAME					
STREET ADDRESS							4.3 STREET	ADDRESS				
CITY-ST-ZIP							4.4 CITY - S	T- Z IP				
TITLE					☐ DEt	ETE	5.1 TITLE			L	Change	☐ Addition
NAME							5.2 NAME					
STREET ADDRESS							5.3 STREET					
CITY-ST-ZIP							5.4 CITY - S	T-ZIP			T Ch	A#321
TITLE					☐ DEU	:11:	6.1 TITLE			L	_ Change	Addition
NAME							6.2 NAME	*******				
STREET ADDRESS							6.3 STREET					
CITY-ST-ZIP							6.4 CITY-S	T-ZIP				

Thereby 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 suppliemental 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.