

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

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90105 016 \*\*\*150.00

DOCUMENT # **P96000038050**

1. Corporation Name  
**DINOSAUR ELECTRIC INC.**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/29/1996**

4. FEI Number

**59-3382710**

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

9. Name and Address of Current Registered Agent

**CECILIA D GAMBILL  
410 PERTSHIRE DRIVE  
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

81 Name **Cecilia D. Gambill**  
82 Street Address (P.O. Box Number is Not Acceptable) **156 North Ridge Rd**  
83  
84 City **Orange Park** FL 85 Zip Code **32013**

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

(NOT: Registered Agent Signature required when filing)

| 12. OFFICERS AND DIRECTORS |                                                                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                |
|----------------------------|-----------------------------------------------------------------------|-------------------------------------------------------|----------------|
| 12.1                       | VP<br>GAMBILL, RUSSELL C<br>410 PERTSHIRE DR.<br>ORANGE PARK FL 32073 | 13.1                                                  | TITLE          |
| 12.2                       | P<br>GAMBILL, CECILIA D<br>410 PERTSHIRE DR.<br>ORANGE PARK FL 32073  | 13.2                                                  | NAME           |
| 12.3                       |                                                                       | 13.3                                                  | STREET ADDRESS |
| 12.4                       |                                                                       | 13.4                                                  | CITY-ST-ZIP    |
| 12.5                       |                                                                       | 13.5                                                  | TITLE          |
| 12.6                       |                                                                       | 13.6                                                  | NAME           |
| 12.7                       |                                                                       | 13.7                                                  | STREET ADDRESS |
| 12.8                       |                                                                       | 13.8                                                  | CITY-ST-ZIP    |
| 12.9                       |                                                                       | 13.9                                                  | TITLE          |
| 12.10                      |                                                                       | 13.10                                                 | NAME           |
| 12.11                      |                                                                       | 13.11                                                 | STREET ADDRESS |
| 12.12                      |                                                                       | 13.12                                                 | CITY-ST-ZIP    |
| 12.13                      |                                                                       | 13.13                                                 | TITLE          |
| 12.14                      |                                                                       | 13.14                                                 | NAME           |
| 12.15                      |                                                                       | 13.15                                                 | STREET ADDRESS |
| 12.16                      |                                                                       | 13.16                                                 | CITY-ST-ZIP    |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cecilia D. Gambill*

CR2E034 (11/95)