

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

DOCUMENT # P96000045184

1. Corporation Name  
FULLER ELECTRIC SERVICE, INC.

Principal Place of Business  
5613 8TH ST. SW  
LEHIGH FL 33971  
US

Mailing Address  
P.O. BOX 368  
LEHIGH ACRES FL 33970  
US

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90188 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 5613 8TH ST SW  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 City & State

28 LEHIGH ACRES, FL

24 Zip

Country

29 Zip

Country

25

33971

30

LEE COUNTY

9. Name and Address of Current Registered Agent

BLUE, BEVERLY  
9757 MAPLECREST CIRCLE  
LEHIGH ACRES FL 33936

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/29/1996

4. FEI Number

65-0690785

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year intangible

Personal Property Tax.

☐

Yes

☒

No

10. Name and Address of New Registered Agent

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]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE - ☐ DELETE

NAME  
BLUE, JOHN A  
STREET ADDRESS  
113 HAROLD AVENUE  
CITY-ST-ZIP  
LEHIGH ACRES FL 33971

1.1 TITLE ☐ Change ☐ Addition

TITLE - ☐ DELETE

NAME  
BLUE, BEVERLY  
STREET ADDRESS  
9757 MAPLECREST CIRCLE  
CITY-ST-ZIP  
LEHIGH ACRES FL

2.1 TITLE ☐ Change ☐ Addition

TITLE - ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE - ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE - ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE - ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

941-368-6202

Date

Daytime Phone #

CR2E034 (11/98)