

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**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90011 045 \*\*\*150.00

0024655

**DOCUMENT # P96000052698**

1. Corporation Name

**PERKINS & SONS ELECTRICAL CONTRACTORS, INC.**



Principal Place of Business

969 ALEXANDER AVE  
PORT ORANGE FL 32119  
US

Mailing Address

969 ALEXANDER AVE  
PORT ORANGE FL 32119  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/19/1996**

4. FEI Number

**59-3414523**

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

**21 717 Hawks Ridge Rd.**

2a. Mailing Address

**26 717 Hawks Ridge Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Port Orange, FL**

City & State

**28 Port Orange, FL**

Zip

**24 32127**

Country

**25 Volusia**

Zip

**29 32127**

Country

**30 Volusia**

9. Name and Address of Current Registered Agent

PERKINS, DOUGLAS  
969 ALEXANDER AVE  
PORT ORANGE FL 32119

10. Name and Address of New Registered Agent

**81 Name Douglas Perkins**

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

**717 Hawks Ridge Rd.**

**83**

**84 City Port Orange**

**FL**

**85 Zip Code**

**32127**

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

*Douglas Perkins*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-29-99**

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE  
NAME **PERKINS, DOUGLAS**  
STREET ADDRESS **969 ALEXANDER AVE**  
CITY-ST-ZIP **PORT ORANGE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **717 Hawks Ridge Rd.  
Port Orange, FL 32127**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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:

*Douglas Perkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-99**  
Date

**904-760-3591**  
Daytime Phone #

CR2E034 (11/98)