FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600063868 (9)

	SOURCE ELECTRICAL AN			NC.			
Principal Plac		Mailing Add					
5692 JOHN C CRESTVIEW I			GIVENS RD				
CRESTVIEW FL 32536 CRESTVEIW FL 32536 US US						DO NOT WRITE IN THIS S	SPACE
						3. Date Incorporated or Qualified 07/29/1996	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For
1 26						59-3394417	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional
2		27				6. Certificate of Status Desired	Fee Required
City & State City & State						6. Election Campaign Financing	\$5.00 May Be
3		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Count	try	8. This corporation owes or has paid the curr	
4	25	29		30			Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
	ONEY, LAWRENCE W JR			۱٤	Name		
3 BLENHEIM RD				ā	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
SHALIMAR FL 32579							
				[6	13		
				<u> </u>	4 City		85 Zip Code
				٦	City	FL	as zip code
office or r agent. I a SIGNATURE	registered agent, or both, in the Stat im familiar with, and accept the obli- signature, hiped or printed name of registered a			_		rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appropriate when reinstating) DATE	pintment as registered
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	P		DELETE	1.1 TITL	E		☐ Change ☐ Addition
NAME	LOONEY, LAWRENCE W JR			1.2 NAM	E		
STREET ADDRESS	3 BLENHEIM RD			1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL 32579			1.4 City	-ST-ZIP		
TITLE	ST		DELETE	2.1 TITL	E		☐ Change ☐ Addition
NAME	LOONEY, SUZANNE M			2.2 NAM	E [
STREET ADDRESS	3 BLENHEIM RD			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL 32579			2.4 CITS	r - ST - ZIP		
TITLE		Ţ	DELETE	3.1 TITU			☐ Change ☐ Addition
NAME				3.2 NAM	E I		
STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP				1	'- ST- ZIP		
TITLE		T	DELETE	4.1 TOTAL			☐ Change ☐ Addition
NAME				4.2 NAM	i i		_ · _
STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	44 CITY 5.1 TITLE			Change Addition

14. 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 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 recovery fursies empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on a attach find with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

☐ D€LETE

SIGNATURE; XW Samel Lowrence Wilsoney Jr haidant 24April 1998 850-682-0042

CR2E034 (10/97)

Addition

FILED

May 01 1998 8:00am

Secretary of State