

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
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90074 028 ***150.00

DOCUMENT # P96000067046

1. Corporation Name

ELECTRICAL DESIGN CONSULTING & CONTRACTING, INC.



Principal Place of Business

3936 S SEMORAN BLVD
ORLANDO FL 32822
US

Mailing Address

3936 S SEMORAN BLVD
STE 1304
ORLANDO FL 32822
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1996

4. FEI Number

59-3395335

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

ELEC. DESIGN CONSULTING & CONTRACTING
3936 S SEMORAN BLVD
STE 1304
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name Elec. Design Consulting & Contracting, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
1995 Bentwood Drive
83 Winter Park
84 City FL 85 Zip Code 32792

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSTD	CANNEY, PAUL R	3007 KILGORE ST	ORLANDO FL	<input type="checkbox"/>
T	HENRICKS, LARRY	5301 ARDMORE DR	WINTER PARK FL 32792	<input checked="" type="checkbox"/>
S	HALL, JEFF	3007 KILGORE ST	ORLANDO FL 32803	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PSTD	Canney, Paul R.	1995 Bentwood Drive	Winter Park FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

Date

Daytime Phone #

2-4-99 (407) 681-6095

CR2E034 (11/98)