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 # **P96000077582**1. Corporation Name

DERRINGER ELECTRIC, INC.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90070 036 ***150.00

		-								
	ce of Business	Mailing Address								
2714 MAE LOMA COURT 2714 MAE LOMA COURT						-				
ORLANDO FL 32806 ORLANDO FL 32806							DO NOT W	RITE IN THIS	SPACE	
[3	. Date Incorporated or Qualif		7 OI AGE	
						"	09/15/1996			
2. Principal F	Place of Business	2a. Mailing Addre	SS S			4	, FEI Number	··· ··· ··· ··· ··· ··· ·· ·· · · · ·	An	plied For
21		26					59-3403812		<u> </u>	t Applicable
Suite, Apt.	. #, etc	Suite, Apt. #, e	etc.						\$8.75	
22 27							Certificate of Status Desired	ı———	Fee Re	
		City & State	State			6	Election Campaign Financia	na _	\$5.00	May Ro
23 28		28				•	Trust Fund Contribution	'9 🗆	Added t	
Zip Country Zip			C	Country			. This corporation owes the o	current vear In	angible	
24	25	29	30				Personal Property Tax.	,,	Yes	□No
	9. Name and Address of Curr	ent Registered Agent			··	10	. Name and Address of Ne	w Registered	Agent	
				81	Name					
DERRINGER, MARK				82	h	A -1-1 //	D.O. D M	-1-11-1		
2714 MAE LOMA COURT				82	Street	Address (I	ress (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32806			83				•		
				84	City			FL	85 Zip C	ode
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	te of Florida. Such change	was authoriz	zed by t	the corpo	corporatio oration's b	on submits this statement for to oard of directors. I hereby ac	he purpose of	changing its ntment as reg	registered gistered
SIGNATURE										
OIGITIONE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Registe	red Agent	signature re	required when	reinstating)	DATE		
12.		AND DIRECTORS		3			ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	D	☐ DEL	ETE 1,1	TITLE					Change	☐ Addition
NAME	DERRINGER, MARK		1.2	NAME						
STREET ADDRESS			1.3	STREET	ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32806		1.4	CITY-ST	- ZIP					
TITLE	D	☐ ĐEL	ETE 2.1	TITLE					☐ Change	☐ Addition
NAME	Derringer, Linda		2.2	NAME						
STREET ADDRESS	27.14 MAE LOMA COURT		2.3	STREET	ADDRESS					-
CITY-ST-ZIP	ORLANDO FL 32806		2.	4 CITY-ST	-ZIP					
TITLE		□ D€L	ETE 3.1	TITLE					☐ Change	Addition
NAME			3.2	NAME	1] .				
STREET ADDRESS			3.3	STREET.	ADDRESS					
CITY-ST-ZIP			١.,	CITY OT						
TITLE			3.4	. UIII-31	-212 1					PT Addition
NAME		□ DEL		CITY-ST	-ZIP	<u></u>			☐ Change	Addition
STREET ADDRESS		☐ DEL	ETE 4.1		-2117				☐ Change	☐ Addition {
DIRECTADURESSI		☐ DEL	ETE 4.1	TITLE 2 NAME					☐ Change	L Addition
		□ DEL	ETE 4.1 4.2 4.3	TITLE 2 NAME STREET	ADDRESS				☐ Change	Addition
CITY-ST-ZIP		□ DEL	ETE 4.1 4.2 4.3 4.4	TITLE 2 NAME STREET. CITY-ST	ADDRESS					
CITY-ST-ZIP TITLE			ETE 4.1 4.2 4.3 4.4 ETE 5.1	TITLE 2 NAME STREET	ADDRESS				☐ Change	Addition
CITY-ST-ZIP TITLE NAME			4.1 4.2 4.3 4.4 ETE 5.1 5.2	TITLE 2 NAME STREET. CITY-ST TITLE NAME	ADORESS ZIP					
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 4.2 4.3 4.4 ETE 5.1 5.2 5.3	TITLE 2 NAME STREET, CITY-ST- TITLE NAME STREET,	ADDRESS - ZIP					
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ DEL	ETE 4.1 4.3 4.4 4.5 5.1 5.2 5.3 5.4 ETE 6.1 6.2	TITLE 2 NAME STREET, CITY-ST- TITLE NAME STREET, CITY-ST- TITLE NAME	ADDRESS ZIP ADDRESS ZIP				☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ DEL	ETE 4.1 4.3 4.4 4.4 5.1 5.2 5.3 5.4 ETE 6.1 6.2 6.3	TITLE 2 NAME STREET CITY-ST- TITLE NAME STREET CITY-ST- TITLE	ADDRESS ADDRESS ZIP ADDRESS				☐ 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 affacthment with an address, with all other like empowered.

SIGNATURE: