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Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000098972 (8)

1. Corporation Name

BEACON ELECTRICAL CONTRACTING & DESIGN, INC.

Principal Place of Business

540 NORTH S.R. 434
SUITE 157
ALTAMONTE SPRINGS FL 32714

Mailing Address

540 NORTH S.R. 434
SUITE 157
ALTAMONTE SPRINGS FL 32714-2166

3. Date Incorporated or Qualified

12/03/1996

3a. Date of Last Report

2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

4. FEI Number

59-3412177

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LIBKE, TIMOTHY R
540 NORTH S.R. 434
SUITE 157
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

Same

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Timothy R. Libke
STREET ADDRESS 5043 Waterwheel Ct
CITY-ST-ZIP Ocoee FL 34761

TITLE ☐ DELETE

NAME Vice President
Terry S. Vargo
STREET ADDRESS 1212 Helen St.
CITY-ST-ZIP Apopka FL 32703

TITLE ☐ DELETE

NAME Pm Secretary/Treasurer
Phyllis J. Libke
STREET ADDRESS 5043 Waterwheel Ct
CITY-ST-ZIP Ocoee FL 34761

TITLE ☐ DELETE

NAME Director
John E. Gott
STREET ADDRESS 3722 Kohners Rd.
CITY-ST-ZIP Apopka FL 32712

TITLE ☐ DELETE

NAME Whitney T. Rowland - Director
STREET ADDRESS 1189 39th St
CITY-ST-ZIP Orlando FL 32805

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 do 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 changed, or on an attachment with an address.

SIGNATURE

Timothy R. Libke

2/9/97

407-865-7855

CR2E034 (9/96)