

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

FILED

Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1996

4. FEI Number

59-3412177

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 or has paid the current year Intangible
Personal Property Tax due June 30 ☒ Yes ☐ No

2. Principal Place of Business

21 **875 Sunshine Ln.**

22 **Suite 109**

23 **Altamonte Springs FL**

24 **32714** 25 **USA**

2a. Mailing Address

26 **875 Sunshine Ln.**

27 **Suite 109**

28 **Altamonte Springs FL**

29 **32714** 30 **USA**

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)

875 Sunshine Lane

83

Suite 109

84

Altamonte Springs FL

85 Zip Code

32714

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

Timothy R. Libke

Timothy R. Libke President

4/11/98

Signature, typed or printed name of registered agent and title if applicable

(74011 - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **LIBKE, TIMOTHY R**
STREET ADDRESS **5043 WATERWHEEL CT**
CITY-ST-ZIP **OCFEE FL**

TITLE **VP** ☐ DELETE

NAME **VARGO, TERRY, S.,**
STREET ADDRESS **1212 HELEN ST.**
CITY-ST-ZIP **APOPKA FL**

TITLE **ST** ☐ DELETE

NAME **LIBKE, PHYLLIS J**
STREET ADDRESS **5043 WATERWHEEL CT**
CITY-ST-ZIP **OCFEE FL**

TITLE **D** ☐ DELETE

NAME **GOFF, JOHN E**
STREET ADDRESS **3722 YOTHER RD**
CITY-ST-ZIP **APOPKA FL**

TITLE **D** ☒ DELETE

NAME **ROWLAND, WHITNEY T**
STREET ADDRESS **1189 39TH ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **VP** ☐ Change ☒ Addition

12 NAME **John E. Goff**
13 STREET ADDRESS **3722 YOTHER RD.**
14 CITY-ST-ZIP **APOPKA FL 32712**

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.

SIGNATURE

Timothy R. Libke

Timothy R. Libke

4/11/98

407-865-7555

CR2E034 (10/97)