

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90126 046 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000009537

1. Corporation Name  
**TOM TORBERT ELECTRIC, INC.**



Principal Place of Business  
 221 E CENTRAL AVE  
 LAKE WALES FL 33859  
 US

Mailing Address  
 P O BOX 1168  
 LAKE WALES FL 33859  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 01/30/1997

4. FEI Number  
 59-3423054

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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 221 E Central Ave.  
 Suite, Apt. #, etc.:  
 22

2a. Mailing Address  
 26 P.O. Box 1168  
 Suite, Apt. #, etc.:  
 27

23 Lake Wales, FL  
 City & State  
 Zip Country  
 24 33859 25 Polk

28 Lake Wales, FL  
 City & State  
 Zip Country  
 29 33859 30 Polk

9. Name and Address of Current Registered Agent  
 JAMES A MILLER  
 221 E CENTRAL AVE  
 LAKE WALES FL 33859

10. Name and Address of New Registered Agent

81 Name

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JAMES A	1.2 NAME	
STREET ADDRESS	221 E CENTRAL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33859	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLA MILLER	2.2 NAME	
STREET ADDRESS	307 6TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNDEE FL 33838	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* James A. Miller President/Owner Date: 4/16/99

CR2E034 (1/98)

TOM TORBERT ELECTRIC INC.

PO BOX 1168  
LAKE WALES FL 33859-1168

PK7000009537  
444683-9026-46

NAME: TOM TORBERT ELECTRIC, INC

PRINCIPAL PLACE  
OF BUSINESS: 221 EAST CENTRAL AVENUE  
LAKE WALES, FL 33853

MAILING ADDRESS: P.O. BOX 1168  
LAKE WALES, FL 33859-1168

COUNTY/STATE: POLK COUNTY, FLORIDA

DATE OF  
INCORPORATION: 01/30/97

EMPLOYER  
IDENTIFICATION  
NUMBER: 59-3423054

OFFICERS/  
DIRECTORS: JAMES MILLER  
307 6<sup>TH</sup> STREET  
DUNDEE, FL 33838

MARLA MILLER  
307 6<sup>TH</sup> STREET  
DUNDEE, FL 33838

REGISTERED AGENT: JAMES MILLER  
307 6<sup>TH</sup> STREET  
DUNDEE, FL 33838

THIS CORPORATION OWES OR HAS PAID THE CURRENT YEAR  
INTANGIBLE PERSONAL PROPERTY TAX DUE JUNE 30.