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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000028065

ROCKHOLD ELECTRIC, INC.

Principal Place of Business

Mailing Address

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90174 037 ***150.00



118 WEST ORANGE STREET 118 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/27/1997 2. Principal Place of Business Blue 2a. Mailing Address 4. FEI Number Applied For NE 59-3434905 Not Applicable 26 DRINGS \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired $I \cap$ Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be ORANGE C ITY Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation owes the current year Intangible Zip Personal Property Tax. 30 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Rockhold EdWARD ROCKHOLD, EDWARD Street Address (P.O. Box Number is Not Acceptable) 82 773 GREENWOOD AVE Spring **ORANGE CITY FL 32763** 83 84 Zip Code 32763 City ORANGE 11. Pursuant to the provisions of Sections 602,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered digent of 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 nt signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS Change DELETE 1,1 TITLE TIT1 F Rockhold Edwarn ROCKHOLD, EDWARD 1.2 NAME NAME Ave 285 Blue 773 GREENWOOD AVE 1.3 STREET ADDRESS STREET ADDRESS ORANGE CITY FL 32763 1,4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE ☐ Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 sypplemental 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 of frustee 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:

OFFICER OR DIRECTOR

CR2E034 (11/98)