## 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 # P97000055950

1. Corporation Name

DETERS ELECTRIC SERVICE INC

| ļ |                             |                  |
|---|-----------------------------|------------------|
| 1 |                             |                  |
| 1 | Principal Place of Business | Mailing Address  |
| ĺ | 15543 SYDNEY RD.            | 15543 SYDNEY RD. |
| ١ | DOVER FL 33527              | DOVER FL 33527   |
|   |                             |                  |

## **FILED** Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90021 030 \*\*\*150.00

| , retend  | CLLOTTIO SERVICE, II  |   |   |  |   |   |              |
|---|---|---|---|--|---|---|--------------|
| Principal Plac  | ce of Business  | Mailing Address   |   |  | - randander tim ander ander only only on the  | nian aucat ashia canat arkii ashi caan  |              |
| 15543 SYDNEY<br>DOVER FL 335  | =   | 15543 Sydney Rd.<br>Dover FL 33527  |   |  |   |   |              |
|   |   |   |   |  | DO NOT WRITE IN TH  | HIS SPACE   |              |
|   |   |   |   |  | 3. Date Incorporated or Qualifed 06/19/1997   |   |              |
| 2. Principal F  | Place of Business   | 2a. Mailing Address   |   |  | 4. FEI Number   | Applied For   | ۱.,          |
| 21  |   | 26  |   |  | 59-3453638  | Not Applicable  | 18           |
| Suite, Apt.   | . #, etc.   | Suite, Apt. #, etc.   |   |  | 5. Certifcate of Status Desired   | \$8.75 Additional Fee Required  | 7 5          |
| City & Sta  | te  | City & State  |   |  | a Flatin Ossalai Flatinia   | · · · · · · · · · · · · · · · · · · ·   | -            |
| 23  |   | 28  |   |  | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees  |              |
| Zip   | Country   | Zip.  | Countr  | у  | 8. This corporation owes the current year   |   | 1            |
| 24  | 25  | 29  | 30  |  | Personal Property Tax.  | Z Yes □No   |              |
|   | 9. Name and Address of Co   | T   |   |  | 10. Name and Address of New Register  | ed Agent  | ]            |
| NO  | RMAN, CHRISTOPHER H   |   | 8   | Name   |   | *   | İ            |
|   | S. HYDE PARK AVE.   | IÇ  | 82  | Street Addre   | ess (P.O. Box Number is Not Acceptable)   |   | 1            |
| TAM   | IPA FL 33606  |   | 8:  | 3  | 1 54 036 00 4 5 0836 00 0 5 1 80 0 80 0 80 0 80 0 80 0 80 0   | To Blig Side India Side Said India  | 1            |
| ٠,  |   |   |   |  | <b>一 自然 经 经 经 经 </b>  |   |              |
|   |   | •   | 84  | City   |   | 85 Zip Code   |              |
| 41 Pursuant   | to the provisions of Sections 607   | 7 0502 and 607 1508 Florida Statu   | ites the abov   | e-named come   | pration submits this statement for the nurnoen  | of changing its registered  | -            |
| 11. Pursuant<br>office or<br>agent. I a<br>SIGNATURE  | to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the o | bligations of, Section 607.0505, Flo  | orida Statute   | s.   | oration submits this statement for the purpose in's board of directors. I hereby accept the application of the purpose in the | of changing its registered pointment as registered  | <u> </u>     |
| agent. I a<br>SIGNATURE<br>12.  | am familiar with, and accept the o<br>Signature, typed or printed name of register<br>OFFICER:          | ibligations of, Section 607.0505, Fluid agent and title if applicable (NOT)  S AND DIRECTORS  | orida Statute   | s.   | •   |   | (98)         |
| agent. I a  | Signature, typed or printed name of registere  OFFICER:   | obligations of, Section 607.0505, Flood agent and title if applicable.  | orida Statute<br>E: Registered Age  | s.   | whon reinstating) i; DATE   |   | 11           |
| SIGNATURE  12. TITLE NAME   | Signature, typed or printed name of registere OFFICER: D PETERS, LEE                                    | ibligations of, Section 607.0505, Fluid agent and title if applicable (NOT)  S AND DIRECTORS  | E: Registered Age   | s.   | when reinstating) i;  DATE  ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTORS IN 12   | 11           |
| SIGNATURE  12.  | Signature, typed or printed name of registere OFFICER: D PETERS, LEE 15543 SYDNEY RD.                   | ibligations of, Section 607.0505, Fluid agent and title if applicable (NOT)  S AND DIRECTORS  | E: Registered Age 13. 1.1 TITLE 1.2 NAME  | s.   | when reinstating) i;  DATE  ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTORS IN 12   | E034 (11/98) |
| Agent. I a SIGNATURE  12.  1///LE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed name of registere OFFICER: D PETERS, LEE                                    | ibligations of, Section 607.0505, Fit ad agent and title if applicable. (NOT) S AND DIRECTORS   | E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE  | s. int signature required  | when reinstating) i;  DATE  ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTORS IN 12 Change Addition   | 11           |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  | Signature, typed or printed name of registere OFFICER: D PETERS, LEE 15543 SYDNEY RD.                   | ibligations of, Section 607.0505, Fluid agent and title if applicable (NOT)  S AND DIRECTORS  | E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE   | s. int signature required  | when reinstating) i;  DATE  ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTORS IN 12   | 11           |
| SIGNATURE  12.  177LE  NAME  STREET ADDRESS CITY-ST-ZIP TITLE  NAME   | Signature, typed or printed name of registere OFFICER: D PETERS, LEE 15543 SYDNEY RD.                   | ibligations of, Section 607.0505, Fit ad agent and title if applicable. (NOT) S AND DIRECTORS   | E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME  | s. Int signature required TADDRESS   | when reinstating) i;  DATE  ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTORS IN 12 Change Addition   | 11           |
| Agent. 1 a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | Signature, typed or printed name of registere OFFICER: D PETERS, LEE 15543 SYDNEY RD.                   | ibligations of, Section 607.0505, Fit ad agent and title if applicable. (NOT) S AND DIRECTORS   | E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE  | s. int signature required  IT ADDRESS  ST-ZIP  IT ADDRESS  | when reinstating) i;  DATE  ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTORS IN 12 Change Addition   | 11           |
| Agent. I a SIGNATURE  12.  1///LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed name of registere OFFICER: D PETERS, LEE 15543 SYDNEY RD.                   | ibligations of, Section 607.0505, Fit ad agent and title if applicable. (NOT) SAND DIRECTORS DELETE                                     | E: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.2 NAME 2.3 STREE 2.4 CITY-  | s. int signature required  IT ADDRESS  ST-ZIP  IT ADDRESS  | when reinstating) i;  DATE  ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTORS IN 12 Change Addition Change Addition   | 11           |
| AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  | Signature, typed or printed name of registere OFFICER: D PETERS, LEE 15543 SYDNEY RD.                   | ibligations of, Section 607.0505, Fit ad agent and title if applicable. (NOT) S AND DIRECTORS   | E: Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-3  2.1 TITLE  2.2 NAME  2.3 STREE  2.4 CITY-  3.1 TITLE  | s. int signature required  IT ADDRESS  ST-ZIP  IT ADDRESS  | when reinstating) i;  DATE  ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTORS IN 12 Change Addition   | 11           |
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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.