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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # P97000065966

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

GIES, DORTHY L

1298 SE 5TH AVE

MELROSE FL 32666

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

RADIO ELECTRIC SUPPLY, INC.

Principal Place of Business	Mailing Address		1 (10(123) (10 )0(1) 00(1) 00(1) 00(1) 00(1)	
1298 SE 5TH AVE NEWELL BUILDING, SUITE 201 MELROSE FL 32666 US	1289 SE 5TH AVE NEWELL BUILDING. SUITE 201 MELROSE FL 32666 US		DO NOT WRITE IN THE 3. Date incorporated or Qualifed 07/28/1997	IS SPACE
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1398 SESTA AVE.	26 1298 SE 57	A AVE	59-3464870	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State  HELROSE FL	City & State  28 HELROSE F	:د	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year I	
32666 25 US	29 32666 30	us	Personal Property Tax.	☐ Yes   ✓No
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
NEWELL, PAUL D 101 LAWRENCE BLVD NEWELL BUILDING, SUITE 201 KEYSTONE HEIGHTS FL 32656		81 Name 82 Street Addre 83	ss (P.O. Box Number is Not Acceptable)	
		84 City	F	85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga-</li> </ol>	of Florida. Such change was author	orized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered ointment as registered
SIGNATURE Signature, typed or printed name of registered agr	ALOTE D	gistered Agent signature required	when reinstating) DATE	
• • • • • • • • • • • • • • • • • • • •	ent and title if applicable. (NOTE: Reg	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE D	□ DELETE	1.1 TITLE	7.0001.0.0	☐ Change ☐ Addition
OICO DONALD E		1.2 NAME		- · -
ADDO OF FELL ALIE				
1200 12 111111		1.3 STREET ADDRESS		
CITY-ST-ZIP MELROSE FL 32666		1.4 C(TY-ST-ZIP		

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

□ DELETE

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OELETE

5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition □ DELETE TITLE 62 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 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.

Change

Change

☐ Change

☐ Change

**FILED** Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90081 036 \*\*\*150.00

CR2E034 (11/98)

Addition

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