

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

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

04-29-1999 90146 023 \*\*\*150.00

0413337

DOCUMENT # P97000073321

1. Corporation Name  
ELECTRIC BEACH, INC.

Principal Place of Business  
1446 BARRY ST  
CLEARWATER FL 33756

Mailing Address  
1446 BARRY ST  
CLEARWATER FL 33756

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/25/1997

4. FEI Number  
59-3463886

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 1897 FEATHERTREE CIRCLE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1897 FEATHERTREE CIRCLE  
Suite, Apt. #, etc.

22 City & State  
23 CLEARWATER, FL

27 City & State  
28 CLEARWATER, FL

24 Zip 33765 25 Country US

29 Zip 33765 30 Country US

9. Name and Address of Current Registered Agent

MOORE, JOHN D  
~~1446 BARRY ST~~  
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
1897 FEATHERTREE CIRCLE  
83  
84 City CLEARWATER FL 85 Zip Code 33765

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

*John D. Moore*

JOHN D. MOORE

4/26/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MOORE, JOHN D  
STREET ADDRESS ~~1446 BARRY ST~~  
CITY-ST-ZIP CLEARWATER FL 33756

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1897 FEATHER TREE CIRCLE  
1.4 CITY-ST-ZIP CLEARWATER, FL 33765

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 119.073(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 attach ment with an address, with a l other like empowered.

SIGNATURE:

*John D. Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. MOORE

4/26/99

Date

727-458-8686

Daytime Phone #

CR2E034 (11/98)