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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700080254 (0)

FIRST RESPONSE ELECTRICAL ENTERPRISES, INC.

134

FILED May 15 1998 8:00am Secretary of State



Country Semimole FL 28 Largo FL 28	Tiricipai Flac	e or business	Mailing Abbress			j		
2. Principal Place of Basiness 3. Date Incorporated to Cruiffed (2) 15/1897 2. Principal Place of Basiness 3. Date Incorporated to Cruiffed (2) 15/1897 3. Date Incorporated to Cruiffed (3) 15/1897 3. Date Incorporated to Cruiffed (4) 15/1897 3. Date Incorporated to Cruiffed (5) 15/1897 3. Date Incorporated to Cruiffed (6) 15/1897 3. Dat								
2. Piproposed Place of Business 11 10730 102nd Avenue N. 28 P.O. Box 1509 4. Fill hardborn 22 Surie, Ap. F. etc. 27 P.O. Box 1509 5. Contribute of Status Desired 27 Fee Required 12 Surie, Ap. F. etc. 27 P.O. Box 1509 5. Contribute of Status Desired 27 Fee Required 12 Surie, Ap. F. etc. 27 P.O. Box 1509 5. Contribute of Status Desired 27 Fee Required 12 Surie, Ap. F. etc. 27 P.O. Box 1509 5. Contribute of Status Desired 27 Fee Required 12 Surie, Ap. F. etc. 27 P. Status 10 His corporation over of that panel current year interruption of the current year int	OCMINOCE TE		Dilloo 12 00/12/1300			DO NOT WRITE IN THIS	SPACE	
2. Processor 159—3468770						3. Date Incorporated or Qualified		
Supply April 10/2nd Avenue N. 26 P.O. Box 1509						09/15/1997		
Subs. Apt. #, etc. Subs. Apt. #, etc. 20							T A	oplied For
Coy & Spile	$_{21}$ 10730 102nd Avenue N. $_{26}$ P.O. Box 1			509		59-3468770	No	ot Applicable
20 Seminole FL 28 Largo, FL 28 Largo, FL 29 Country 23 2779 250 29 23 2779 250 20 Country 23 2779 250 250 Country 25 Coun	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		E Contificate of Status Basinst .	\$8.75	Additional
Added to Fees 1 2 2 2 2 2 2 2 2 2	22	27			5. Certificate of Status Desired	Fee R	equired	
20 Country 20 Country 270 Country	City & State City & State					6, Election Campaign Financing	\$5.00	May Be
33778	23 Semin	ole, FL	28 Largo, FL			Trust Fund Contribution		
JONES, THOMAS L. JONES, THOMA					•	8. This corporation owes or has paid the cu	irrent year Inf	tangible
JONES, THOMAS L 11196 112714 AVE N SEMINOLE FL 33778 11. Pursuant to the provisions of Spicitors 607,0502 and 607,1508, Florida Statutors. The description of Spicitors 607,0502 and 607,1508, Florida Statutors of Spicitors 607,0502 and 607,1508, Florida Statutors of Spicitors 607,0502 and 607,1508, Florida Statutors of Spicitors of Spicitors 607,0502 and 607,1508, Florida Statutors of Spicitors of Spicito	24 33778	3 25 USA	₂₉ 33779–1509	30 US	SA	Personal Property Tax due June 30.	Yes [] No
SEMINOLE FL 33778 SEMINOLE FL 33773 SEMI		9. Name and Address of Current	Registered Agent			Name and Address of New Registered	Agent	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida Statutes. The above-named corporations to bard of directors. I hereby a significant of the provisions of Sections 607,0502 and 607,1508, Fiorida Statutes. The above-named corporations board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, 88ch changes with substanced by the corporations board of directors. I hereby accept the appointment as registered agent and naminar with, annihous men obligations of Section 907,0502 florida Statutes. 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida Statutes agent and the section of the s	JOL	NES. THOMAS L		1	81 Name	Jones, Thomas L.		
SEMINOLE FL 33778 Seminole FL Seminole					82 Street	Address (P.O. Box Number is Not Acceptable)		
Seminole				- (OLI SHEEK	10730 102nd Avenue N.		Í
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 is registered agent. I am familiar with, and Recognite of Digitations of Section 607 0509. Originations agent tam familiar with, and Recognite of Digitations of Section 607 0509. Originations beard of directors. I hereby accept the appointment as registered agent. I am familiar with, and Recognite of Digitations of Section 607 0509. Origination should directors. I hereby accept the appointment as registered agent. I am familiar with, and Recognite Originations agent tam familiar with, and Recognite Origination agent. I am familiar with, and Recognite Origination agent. I am familiar with, and Recognite Origination agent tam familiar with and Recognite Origination and Provided Recognitions of Origination agent. I am familiar with a provided Recognition of Origination agent. I am familiar with a provided Recognition of Origination agent. I am familiar with a provided Recognition and Recognit	55 .			İ	83			
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 is registered agent. I am familiar with, and Recognite of Digitations of Section 607 0509. Originations agent tam familiar with, and Recognite of Digitations of Section 607 0509. Originations beard of directors. I hereby accept the appointment as registered agent. I am familiar with, and Recognite of Digitations of Section 607 0509. Origination should directors. I hereby accept the appointment as registered agent. I am familiar with, and Recognite Originations agent tam familiar with, and Recognite Origination agent. I am familiar with, and Recognite Origination agent. I am familiar with, and Recognite Origination agent tam familiar with and Recognite Origination and Provided Recognitions of Origination agent. I am familiar with a provided Recognition of Origination agent. I am familiar with a provided Recognition of Origination agent. I am familiar with a provided Recognition and Recognit				ļ			· 1. 1	
11. Pursuant to the provisions of Sections 807,0002 and 607,1508, Florica Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent. I am familiar with, and scoper the obligations of Socion 807,0505 forlida Statutes. SIGNATURE Section Provisions of Sections 807,0002 and 607,1508, Florica Statutes with the purpose of pregnance as registered agent. I am familiar with, and scoper the obligations of Section 807,0505 forlida Statutes. Signature September Provisions of Sections 807,0505 forlida Statutes.					84 City	Seminole FI	85 Zip	Code
office or registered agent, or foll, in the Sale of Florida, Rich change-wath purpositions in the Sale of Florida, Rich change-wath purpositions or Societies (Rich Sale) agent, I am familiar with, any purpose or premier agent agent and manufacture of obligations or Societies (Rich Sale) agent agent agent agent agent and manufacture of obligations or Societies (Rich Sale) agent agen	11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statu	es, the at	ove-named	corporation submits this statement for the purpose of	of changing it	ts registered
SIGNATURE Signature, Speed or prefet name of imprehead specified file about cashe. Profet Rogiciand required specified file about cashe.	office or re	egistered agent, or troth, in the State o	Florida Soch change was	authorized	by the com	poration's board of directors. I hereby accept the ap-	pointment as	registered
Supraison, byond or priving damped and file it it supplicable. Profice Royaltered Supplicable Resolution R		in lamilar with, and action the obligation	ons pr. 30011011 007.030371		ules.	David Contract	4-14.	-68
12. OFFICERS AND DIRECTORS INTE President Carolee R. Jones 12. NAME Carolee R. Jones 12. NAME STREET ADDRESS CITY-ST-ZIP Largo, FL 33773 DELETE 12. NAME 13. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 12. NAME 13. NADITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 12. NAME 12. NAME 12. NAME 12. NAME 12. NAME 13. NAME 12. NAME 12. NAME 12. NAME 12. NAME 12. NAME 13. NAME 12. NAME 12. NAME 12. NAME 12. NAME 12. NAME 13. NAME 12. NAME 12. NAME 12. NAME 12. NAME 12. NAME 13. NAME 12. NAME 12. NAME 12. NAME 12. NAME 13. NAME 14. NORESS 10. NAME 12. NAME 12. NAME 12. NAME 13. NAME 14. Nore Name 15. NAME 16. Name 16. Name 16. Name 16. Name 17. NAME 18.	SIGNATURE	Signature, typed or printed name of registared agent	and title if applicable (NO	F: Begistered	Agent signature			70
TITLE	12.				3		D DIRECTOR	RS IN 12
NAME Carolee R. Jones 12018 71st Way 1351RET ADDRESS 12018 71st Way 14 CITY-ST-ZP Vice-President John H. Michael 3078 8420 54th Street N. Pinellas Park, FL 33781 Secretary-Treasurer NAME Todd Corecki 32 NAME 33 STREET ADDRESS 12018 71st Way 33 STREET ADDRESS 34 CITY-ST-ZP 35 SEMINOLE, FL 33778 34 CITY-ST-ZP 35 SEMINOLE, FL 33778 35 STREET ADDRESS 36 STREET ADDRESS 37		President	DELETE	1.1 111	LE			
SIREET ADDRESS CITY-ST-ZP Largo, FL 33773 14. INFECT ADDRESS CITY-ST-ZP Largo, FL 33773 14. INFECT ADDRESS CITY-ST-ZP Largo, FL 33781 SIREET ADDRESS CITY-ST-ZP Largo, FL 33781 Secretary-Treasurer Todd Gorecki SIREET ADDRESS 12018 71st Way 13. SIREET ADDRESS 12018 71st Way 33. SIREET ADDRESS CITY-ST-ZP Seminole, FL 33778 DELETE 51. TITLE Change Addition SIREET ADDRESS CITY-ST-ZP Seminole, FL 33778 DELETE 51. TITLE Change Addition Change Addition SIREET ADDRESS CITY-ST-ZP SEMINOLE, FL 33778	NAME	<u>-</u>	i		ME			ł
CITY-ST-ZP	STREET ADDRESS			1351	REET ADDRESS			
TITLE Vice-President John H. Michael STRET ADDRESS 8420 54th Street N. SIRET ADDRESS 8420 54th Street N. Pinellas Park, FL 33781 TITLE Secretary-Treasurer DELETE 31 NITLE 32 NAME STRET ADDRESS 12018 71st Way 12018 71st Way 33 STRET ADDRESS CITY-ST-ZIP Largo, FL 33773 34 CITY-ST-ZIP Project Coordinator NAME Thomas L. Jones Thomas L. Jones 10730 102nd Avenue N STRET ADDRESS CITY-ST-ZIP Seminole, FL 33778 DELETE DELETE 11TLE DELETE 51 TITLE Change Addition Addition Addition Addition AMME STRET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE Change Addition Addition Addition Addition Addition Addition AMME STRET ADDRESS CITY-ST-ZIP TITLE DELETE 53 STRET ADDRESS 54 CITY-ST-ZIP TITLE DELETE 53 STRET ADDRESS 54 CITY-ST-ZIP TITLE DELETE 54 TITLE Change Addition A	J				J			ł
NAME JOHN H. Michael 8420 54th Street N. 6ITY-SI-2IP TITLE Secretary—Treasurer JOHNET STREET ADDRESS 12 4 GITY-SI-2IP TITLE Secretary—Treasurer JOHNET STREET ADDRESS 12018 71st Way JOHNET STREET ADDRESS 12018 71st Way JOHNET STREET ADDRESS CITY-SI-2IP TITLE Project Coordinator JOHNET JOHN		Doubte					Change	Addition
STREET ADDRESS GITY-ST-ZIP DINELLAS PARK, FIL 33781 TITLE Secretary-Treasurer Todd Gorecki STREET ADDRESS GITY-ST-ZIP Largo, FIL 33773 TITLE Project Coordinator Thomas L. Jones STREET ADDRESS LOTY-ST-ZIP TITLE DELETE 4.1 HTLE Addition Addition Addition MAME Thomas L. Jones STREET ADDRESS LOTY-ST-ZIP Seminole, FIL 33778 DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-		Vice-President						
CITY-ST-ZIP	i							1
TITLE SECRETARY—Treasurer DELETE 31 TITLE Change Addition NAME TODIC GORECKI 32 NAME STREET ADDRESS 12018 71st Way 3.3 STREET ADDRESS CITY-ST-ZIP Largo, FT, 33773 34 CITY-ST-ZIP TITLE Project Coordinator DELETE 41 TITLE Change Addition NAME Thomas L. Jones 4.2 NAME STREET ADDRESS 10730 102nd Avenue N 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS CITY-ST-ZIP TITLE GRAPE Addition NAME 63 STREET ADDRESS CITY-ST-ZIP TITLE GRAPE Addition NAME 64 CITY-ST-ZIP TITLE GRAPE Addition NAME 64 CITY-ST-ZIP TITLE GRAPE Addition NAME 64 CITY-ST-ZIP TITLE GRAPE Addition NAME GRAPE Addition THE GRAPE ADDRESS CITY-ST-ZIP THE GRAPE ADDRESS GR								
NAME TODD GOTECKI STREET ADDRESS 12018 71st Way 33 STREET ADDRESS CITY-ST-ZIP TITLE Project Coordinator DELETE 41 TITLE Project Coordinator MAME Thomas L. Jones STREET ADDRESS 10730 102nd Avenue N 43 STREET ADDRESS CITY-ST-ZIP TITLE NAME 51 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE 61 TITLE 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 65 STREET ADDRESS 6							Change	Addition
STREET ADDRESS 12018 71st Way 133STREET ADDRESS CITY-ST-ZIP TITLE Project Coordinator DELETE 4: TITLE Project Coordinator Addition MAME Thomas L. Jones STREET ADDRESS 10730 102nd Avenue N 4: NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5: TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6: TITLE DELETE 6: TITLE Change Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6: STREET ADDRESS CITY-ST-ZIP TITLE Addition 6: NAME 6: STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes further certify that the information]		, – –	9			C Cumille	
CITY-ST-ZIP								1
TITLE Project Coordinator DELETE 4.1 TITLE Change Addition NAME Thomas L. Jones 4.2 NAME STREET ADDRESS 10730 102nd Avenue N 4.3 STREET ADDRESS CITY-ST-ZIP Seminole, FL 33778 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP TALE Change Addition Additio		_						J
NAME Thomas L. Jones STREET ADDRESS 10730 102nd Avenue N Seminole, FL 33778 DELETE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE DELETE G1 HITLE NAME STREET ADDRESS CITY-ST-ZIP Addition STREET ADDRESS CITY-ST-ZIP Change Addition Addit			hetere				Change	Addition
STREET ADDRESS 10730 102nd Avenue N Seminole, FI, 33778 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY - ST - ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 6.2 NAME 6.3 STREET ADDRESS CITY - ST - ZIP 1.4. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information			- Upricie				LI Gliange	
CITY-ST-ZIP Seminole, FI, 33778 TITLE DELETE 5: TITLE 5: TITLE CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6: TITLE CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6: TITLE STREET ADDRESS CITY-ST-ZIP 6: CHANGE STREET ADDRESS CITY-ST-ZIP 6: CHANGE CHANGE STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	1				ł			ł
TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.1 TITLE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.1 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 14. 1 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	*		= :					ļ
NAME STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP DELETE 61 HITLE NAME STREET ADDRESS CITY - ST - ZIP 62 NAME STREET ADDRESS CITY - ST - ZIP 63 STREET ADDRESS CITY - ST - ZIP 14. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		Seminole, FL 33778						A delagran
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 61 TITLE 62 NAME STREET ADDRESS CITY-ST-ZIP 63 STREET ADDRESS 64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	Í		I'' DETER		i		☐ Change	L Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS 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								
TITLE NAME STREET ADDRESS 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	STREET ADDRESS			5.3 STI	REET ADDRESS			,
NAME STREET ADDRESS 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	CITY-ST-ZIP							
STREET ADDRESS 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			☐ DELETE				Change	☐ Addition
City-ST-ZIP 6.4 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	NAME			62 NA	ME			•
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	STREET ADDRESS			6351	REET ADDRESS			1
14. Thereby 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 angular report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under onto the same legal effect	CITY-ST-ZIP							
	14. I hereby of	ertify that the information supplied with	this filing does not qualify f	or the exe	mption state	d in Section 119.07(3)(i), Florida Statutes. I further consture shall have the same legal effect as if made up	ertify that the	information

officer or director of the corporation or augmentation and accurate and accurate and making signature shall have the same legal effect as it made under oath; that I am a 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

Carolee R. Jones, President

Date

4-15-98 813-394-9143

Daytime Phone # 0411258