

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
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90009 015 ***300.00

DOCUMENT # P97000080254 ✓

1. Corporation Name

FIRST RESPONSE ELECTRICAL ENTERPRISES, INC

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

September 15, 1997

4. FEI Number

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 10590 66TH Ave. N

2a. Mailing Address
26 P.O. Box 1509

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 Seminole, Florida

City & State
28 Largo, Florida

Zip Country
24 33770 25 Pinellas

Zip Country
29 33779 30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
Thomas L. Jones

82 Street Address (P.O. Box Number is Not Acceptable)
3010 Hanna Court

83

84 City
Palm Harbor

FL

85 Zip Code
34684

11. Pursuant to the provisions of Sections 607.0802 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME Anna Brown

1.3 STREET ADDRESS 3010 Hanna Court
1.4 CITY-ST-ZIP Palm Harbor, FL 34684

2.1 TITLE VP ☐ Change ☐ Addition

2.2 NAME John Michaels

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE S/T ☐ Change ☐ Addition

3.2 NAME Randy Estacion

3.3 STREET ADDRESS 3617 Orangepointe Road
3.4 CITY-ST-ZIP Valrico, FL 33594

4.1 TITLE D ☐ Change ☐ Addition

4.2 NAME Thomas Jones

4.3 STREET ADDRESS 3010 Hanna Court
4.4 CITY-ST-ZIP Palm Harbor, FL 34684

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 119.07(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-99 (727) 422-2441

CR2E034 (1/98)