Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90056 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000085271

1. Corporation Name

ALL AMERICAN ELECTRICAL CONTRACTORS, INC.

Principal Place	of Business	Mailing Address							
1503 TENNESSE	EE AVE	P.O. BOX 1413							
LYNN HAVEN FL 32444		LYNN HAVEN FL 32444				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed			
						09/30/1997			
6 Barrier 50	(D)	2a. Mailing Address				4. FEI Number			oplied For
	ace of Business	<u> </u>				59-3469334		<u> </u>	ot Applicable
21	4	Suite, Apt. #, etc.				T			Additional
Suite, Apt. #	#, etc.	⊢ · · · ·				5. Certifcate of Status Desired		•	equired
22 City 9 State		City & State			-	6. Election Campaign Financing			May Be
City & State	2	⊢ ′				Trust Fund Contribution		•	to Fees
23 Zip	Country		Count	hrv		8. This corporation owes the cur	ent veer la		
	25	_ 	30	.,		Personal Property Tax.	en year m	Yes	□No
24	9. Name and Address of Currer		301			10. Name and Address of New	Registered		
	5. Name and Address or Curren	it registered Agent	8	31	Name				
LANE	E. DAVID W								
201 W. 14TH STREET		82		32	Street Addre	ess (P.O. Box Number is Not Accept	able)		
#2	***************************************		9	33					
	N HAVEN FL 32444			~					
CIII	A TIMEN TE GETTI		8	34	City	····	FL	85 Zip	Code
11 Pursuant t	to the provisions of Sections 607.050	22 and 607.1508. Florida Statute	s, the abo	ove-r	named corpo	pration submits this statement for the	purpose of	changing its	registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	tnonzea c	วงเก	ne corporation	n's board of directors. I hereby acce	pt the appo	intment as re	egistered
SIGNATURE									
Olora Tronce	Signature, typed or printed name of registered age			gent s	signature required	when reinstating)	DATE	UD DIDECT	ODC IN 12
12.								NIJIJIKEGJI	JROINIZ
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	I IOLINO A		
TITLE	V	DELETE	13.	Ę		ADDITIONS/CHANGES TO OF	1 IOLINO AI	☐ Change	Addition
	V MESSER, RICKY J		_			ADDITIONS/CHANGES TO OF	TIOCHO A		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MESSER, RICKY J 1220 MINNESOTA AVE LYNN HAVEN FL 32444	☐ DELETE	1,1 TITLI 1,2 NAM 1,3 STRI 1,4 CITY	IE EET AI /-ST-2 E	1	ABBITIONS/CHANGES TO OF	TIOCHO A	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V MESSER, RICKY J 1220 MINNESOTA AVE LYNN HAVEN FL 32444 P LANE, DAVID W	☐ DELETE	1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM	NE EET AI /-ST-2 E NE EET AI	ZIP	ABBITIONS/CHANGES TO OF	TIOCKO A	☐ Change	☐ Addition
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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 chapter 607, or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

REQUIRED