## 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

## DOCUMENT # P97000107467

1. Corporation Name

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90171 022 \*\*\*150.00

	ACCLELLAN ELECTRIC, INC.		· · · · · ·					
Principal Place		Mailing Address	040					
741 CRENSHAW LAKE ROAD 741 CRENSHAW LAKE ROAD LUTZ FL 33549 LUTZ FL 33549								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						12/22/1997		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21 ======		26				59-3481680	== 69-7	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_	_		5. Certifcate of Status Desired		5-Additional ====
22 City 8 Ctot	27					a Flatia Carrain Financia		
						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 Intangible				
<b>⊢</b> ¬ '	25	29	30	,		Personal Property Tax.	Yes	No
	9. Name and Address of Current		[30]	1		10. Name and Address of New Registered		
	45 TANKER MILE LIBERTON OF WHITEH			81	Name			
мсс	CLELLAN, BRENDA				S	(DO D. At best All A. Ashir)		
	CRENSHAW LAKE ROAD			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		!
î .	Z FL 33549			83				
								<u> </u>
				84	City	FL	85 2	Zip Code
agent. I a SIGNATURE	m familiar with, and accept the obligation				signature required	ration submits this statement for the purpose of a board of directors. I hereby accept the appointment of the purpose of a board of directors. I hereby accept the appointment of the purpose of a board of the purpose of the purpose of a board of the purpose of the pur		,
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AF		
TITLE	Р	☐ DELETE	1.1 TI	ITLE			☐ Char	nge 🔲 Addition
NAME	MCCLEAN, BRENDA		1.2 NA	AME		•		
STREET ADDRESS	741 CRESHMAN LAKE RD		1.3 ST	TREET	ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549		1.4 CI	ITY-ST-	-ZIP			
. TITI <u></u>	-\$	DELETE _	.2.1 π	ITE.			☐ Char	nge Addition
NAME	MCCLEAN, BRAIN		2.2 N/	AME			<del>-=</del>	
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CITY-ST-ZIP	LUTZ FL 33544			INCE	ADDRESS		- <del></del>	
TITLE	[		2.4 C	CITY-ST	1			
l	1 .	☐ DELETE	2.4 C 3.1 TI	CITY-ST	1		☐ Char	nge Addition
NAME	,	☐ DELETÉ		CITY-ST	1		☐ Char	nge
STREET ADDRESS	,	☐ DELETE	3.1 TF 3.2 N/	CITY-ST ITLE IAME	1		☐ Char	nge Addition
			3.1 TF 3.2 N/ 3.3 ST 3.4. C	CITY-ST TILE IAME TREET	ADDRESS			
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STREET ADDRESS			3.1 Tf 3.2 N/ 3.3 S1 3.4. C 4.1 Tf 4. 2 N	CITY-ST ITLE IAME TREET / CITY-ST ITLE VAME	ADDRESS			
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: