

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90048 036 ***150.00

DOCUMENT # P98000003244

1. Corporation Name

SURGE ELECTRIC, INC.

Principal Place of Business

1803 NE 28TH ST
CAPE CORAL FL 33909

Mailing Address

1803 NE 28TH ST
CAPE CORAL FL 33909

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/12/1998

4. FEI Number

65-0807405

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, MICHAEL T
1803 NE 28TH ST
CAPE CORAL FL 33909

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME JOHNSON, MICHAEL T
STREET ADDRESS 1803 NE 28TH ST
CITY-ST-ZIP CAPE CORAL FL 33909

1.1 TITLE ☐ Change ☐ Addition

NAME JOHNSON, MICHAEL T

1.2 NAME

STREET ADDRESS 1803 NE 28TH ST
CITY-ST-ZIP CAPE CORAL FL 33909

1.3 STREET ADDRESS

TITLE STD ☐ DELETE

NAME KAPKE, WILLIAM G
STREET ADDRESS 1310 SE 21ST ST
CITY-ST-ZIP CAPE CORAL FL 33990

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME KAPKE, WILLIAM G

2.1 TITLE

STREET ADDRESS 1310 SE 21ST ST
CITY-ST-ZIP CAPE CORAL FL 33990

2.2 NAME

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

NAME

2.4 CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME ☐ Change ☐ Addition

NAME

3.3 STREET ADDRESS

STREET ADDRESS
CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS
CITY-ST-ZIP

4.3 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

NAME

5.1 TITLE

STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.3 STREET ADDRESS ☐ Change ☐ Addition

NAME

5.4 CITY-ST-ZIP

STREET ADDRESS
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 119.07(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 any attachment with an address, with all other like empowered.

SIGNATURE:

Michael T. Johnson

Date

Daytime Phone #

1-9-99

848-7175

CR2E034 (11/98)

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