Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90021 024 ***150.00

Applied For

Fee Required \$5.00 May Be

Added to Fees

Zip Code

Not Applicable \$8.75 Additional

ZNo

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corpor	UNEN # P9800(
CART	ER ELECTRICAL CONTRACTI	NG INC:			
Principal Place of Business		Mailing Address			(see see a se
806 N.W. 33RD AVENUE GAINESVILLE FL 32609		806 N.W. 33RD AVENUE GAINESVILLE FL 32609			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 01/21/1998
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-3489590
Suite, Apt. #, etc.		Suite, Apt. #, etc.	ite, Apt. #, etc.		5. Certificate of Status Desired
City & State		City & State			6. Election Campaign Financing \$5 Trust Fund Contribution Ad
Zip	Country 25	Zip 29	Country		8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Curre		1221		10. Name and Address of New Registered Agent
	CARTER, WILLIAM M			81 Name	
8	806 N.W. 33RD AVENUE		[82 Street	Address (P.O. Box Number is Not Acceptable)
	GAINESVILLE FL 32609		,	83	
				84 City	FL 85
office	uant to the provisions of Sections 607.05 or registered agent, or both, in the State t. I am familiar with, and accept the oblig	e of Florida. Such change was a	authorized	by the corp	corporation submits this statement for the purpose of changin oration's board of directors. I hereby accept the appointment
SIGNATU	Signature, typed or printed name of registered ag	ant and title if analicable (NOT)	E- Registered A	Agent signature	required when reinstating) DATE
12.		ND DIRECTORS	13.	Arvir arhitetine	ADDITIONS/CHANGES TO OFFICERS AND DIRE
TITLE	n	DELETE	1.1 TITE	.E	☐ Ch:

he purpose of changing its registered cept the appointment as registered

OFFICERS AND DIRECTORS IN 12 ☐ Addition ☐ Change CARTER, WILLIAM M 1.2 NAME NAME 806 N.W. 33RD AVENUE 1.3 STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32609 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE TITLE 2.1 TITLE STREIB, MARSHALL G 2.2 NAME NAME 1102 N.W. 44TH AVENUE 2.3 STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32609** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ■ Addition ☐ DELETE TILE 6.2 NAME NAME

14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



4/10/94 352-215-99

CR2E034 (11/98)