

PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## 1999 DOCUMENT # DORODO 24

## Feb 22, 1999 8:00 am Secretary of State 02-22-1999 90050 028 \*\*\*150.00

1. Corporatio	n Name ELECTRIC, INC.	)UZ3										
Principal Plac	e of Business	Mai	ling Address	_			71001101		,,, <b>,</b> ,,,, <b>,</b> ,,,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5800 LEON TY			LEON TYSON ROA	AD O								
ST. CLOUD FL	. 34771	ST.	CLOUD FL 34771					DO NOT WR	TE IN THI	S SPACE		
							3. Date incorp	orated or Qualifed				7
}							04/01/19	98				1
2. Principal P	lace of Business	2a. (	Mailing Address			-	4 FEI Number	:049 4	04		plied For	_
21		26					3/-	349 12	0/		t Applicable	-
Suite, Apt.	#, elc.	<del></del> 1	Suite, Apt. #, etc.				5. Certificate of	Status Desired		Fee Re	Additional equired	
City & Stat	20	27	City & State				6 Finction Co.	mpaign Financing		\$5,00	<del> </del>	1
23	e e	28	o, a o				Trust Fund			Added		-
Zip	Country	Zip Country				8. This corpora	tion owes the cur	ent year Ir	ntangible		] _	
24	25	29 30					Personal Pr			Yes	□No	4
	9. Name and Address of Curren	nt Registe	red Agent				10. Name and	Address of New	Registered	Agent		-
ICA.	VO DALII D				B1   1	Name						}
	KS, PAUL R			Ī	82 5	Street Add	tress (P.O. Box Nurr	ber is Not Accept	able)			1
5800 LEON TYSON ROAD ST. CLOUD FL 34741										<del>_</del> _	_	┨
31.	0000012 04/41				83							
•					84 (	City			FI	85 Zip (	Code	i
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office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida	Such change was	s authorized	by the	corporal	ion's board of direct	ors. I hereby acce	pt the appo	olntment as re	gistered	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida ations of, S	Such change was Section 607.0505, I	s authorized Florida Statu	by the	e corporali	ion's board of direct	ors. I hereby acce	pt the appo	ointment as re	gistered	
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agent. ) a SIGNATURE	m tamiliar with, and accept the obligations, typed or printed name of registered age  OFFICERS AN	ent and title if a	splicable. (NC	TE, Registered /	Qent seg		ed when reinstaling)		DATE		<del></del>	(41/08)
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6.4 CITY-ST-ZIP in find does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information of report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an injustify empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a lighting a factories, with all other like empowered. 14. Thereby certify that the information indicated on this annual report of officer or director of the corporation Block 12 or Block 13 if changed.

6.3 STREET ADORESS

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED PARE OF SIGNING OFFICER OR DIRECTOR