PROFIT CORPORATION ANNUAL REPORT

1999

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Marris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000031210

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90113 043 ***150.00

Change

Addition |

BHADSHA	W ELECTRIC, INC.							
Principal Place of	of Business	Mailing Address			f immilitäte fim i Beider (Dert) antere marer marer na	DR äfe ne nemer menet	H411 BB(1 (BB)	
1169 LAMESA AVE. WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708					DO NOT WRITE IN TH	IS SPACE		
					Date Incorporated or Qualified 04/03/1998			
Principal Place of Business 2a. Mailing Address 25					59-3503628		plied For Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional		
City & State		City & State		,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip	Country	Zlp	Countr	у	8. This corporation owes the current year	ntangibie	No	
24	25	29 3	0	·	10. Name and Address of New Registers			
	9. Name and Address of Current	Registered Agent	81	Name	To. Name and Address of New Registers	u Agein		
BRADSHAW, BARBARA J			L	82 Street Address (P.O. Box Number is Not Acceptable)				
1169 LAMESA AVE. WINTER SPRINGS FL 32708		83						
			84	1 - 7	F	85 Zip C		
44 5	the peruisions of Costions CO7 0503	4 COT 4 COO Chedudan	the abou	in warmed com	waster ask with this atotomost for the surpose.	of channing its	registered	
office or reg	istered agent, or both, in the State of	and 607,1508, Florida Statutes, f Florida, Such change was authors of Section 607,0505. Florid	, une abov horized by la Statule	the corporation	on's board of directors. I hereby accept the app	ointment as rec	istered	
ŀ		Confidence	$\rho \sigma c$	るくしょ	coration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as rec	jistered	
SIGNATURE	gnature, typed or printed name of registered agent	and title if applicable. (NOTE, Re	egistered Age	the corporations.	Dracis how, TN2.		1	188
SIGNATURE	grature, typed or printed name of registered agent. OFFICERS AND	and fille of applicable. (NOTE, Re	oglatured Age	るくしょ	Cracistian), M2	NO DIRECTO	1	11/98)
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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 suppliemental 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 507. 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.

6.1 TTLE

6 2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE