


FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90113 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																													
DOCUMENT # P98000031210																																																																																																															
1. Corporation Name BRADSHAW ELECTRIC, INC.																																																																																																															
Principal Place of Business 1169 LAMESA AVE. WINTER SPRINGS FL 32708		Mailing Address 1169 LAMESA AVE. WINTER SPRINGS FL 32708																																																																																																													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country																																																																																																													
9. Name and Address of Current Registered Agent BRADSHAW, BARBARA J 1169 LAMESA AVE. WINTER SPRINGS FL 32708		10. Name and Address of New Registered Agent 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 <u>Barbara J. Bradshaw</u> <u>Barbara J. Bradshaw, Pres.</u> <u>1-11-99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																															
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PRESIDENT</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Barbara Bradshaw</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1169 La Mesa Ave</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Winter Springs FL 32708</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VICE President</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Floyd J. Bradshaw</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1169 La Mesa Ave.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Winter Springs FL 32708</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PRESIDENT	<input type="checkbox"/> DELETE	NAME	Barbara Bradshaw		STREET ADDRESS	1169 La Mesa Ave		CITY-ST-ZIP	Winter Springs FL 32708		TITLE	VICE President	<input type="checkbox"/> DELETE	NAME	Floyd J. Bradshaw		STREET ADDRESS	1169 La Mesa Ave.		CITY-ST-ZIP	Winter Springs FL 32708		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE																																																																																																													
NAME	Barbara Bradshaw																																																																																																														
STREET ADDRESS	1169 La Mesa Ave																																																																																																														
CITY-ST-ZIP	Winter Springs FL 32708																																																																																																														
TITLE	VICE President	<input type="checkbox"/> DELETE																																																																																																													
NAME	Floyd J. Bradshaw																																																																																																														
STREET ADDRESS	1169 La Mesa Ave.																																																																																																														
CITY-ST-ZIP	Winter Springs FL 32708																																																																																																														
TITLE		<input type="checkbox"/> DELETE																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> DELETE																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
TITLE		<input type="checkbox"/> DELETE																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-ST-ZIP																																																																																																															
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																														
1.2 NAME																																																																																																															
1.3 STREET ADDRESS																																																																																																															
1.4 CITY-ST-ZIP																																																																																																															
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																														
2.2 NAME																																																																																																															
2.3 STREET ADDRESS																																																																																																															
2.4 CITY-ST-ZIP																																																																																																															
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																														
3.2 NAME																																																																																																															
3.3 STREET ADDRESS																																																																																																															
3.4 CITY-ST-ZIP																																																																																																															
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																														
4.2 NAME																																																																																																															
4.3 STREET ADDRESS																																																																																																															
4.4 CITY-ST-ZIP																																																																																																															
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																														
5.2 NAME																																																																																																															
5.3 STREET ADDRESS																																																																																																															
5.4 CITY-ST-ZIP																																																																																																															
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																														
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 an attachment with an address, with all other like empowered.

SIGNATURE: Barbara J. Bradshaw, Pres. Barbara J. Bradshaw 1-11-99 407-699-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)