

ING FEE AFTER MAY 1ST IS \$550.00.

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90118 020 *****8.75
05-17-1999 90088 013 ***150.00

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



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DOCUMENT # P98000038651

1. Corporation Name

FLORIDA INDUSTRIAL ELECTRIC, INC.

Principal Place of Business

Mailing Address

515 POST OAK BLVD.
SUITE 450
HOUSTON TX 77027

515 POST OAK BLVD.
SUITE 450
HOUSTON TX 77027

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 811 Wilma Street

26 P.O. Box 522730

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Longwood, FL

27 Longwood, FL

City & State

City & State

23 32750 Seminole

28 3275202750 Seminole

Zip Country

Zip Country

24 32750 Seminole

29 3275202750 Seminole

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMPHRIES, J G
20 NORTH ORANGE AVE.
SUITE 1000
ORLANDO FL 32801-4826

81 Name

Errol Johnson

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

20 Windsor Isle

83

84 City

Longwood

FL

85 Zip Code
32779

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 of or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/23/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **WOMBWELL, JOHN F**
STREET ADDRESS **515 POST OAK BLVD.**
CITY-ST-ZIP **HOUSTON TX 77027**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

P

1.2 NAME

Errol Johnson

1.3 STREET ADDRESS

811 Wilma Street

1.4 CITY-ST-ZIP

Longwood, FL 32750

2.1 TITLE

V

2.2 NAME

Robert Behe

2.3 STREET ADDRESS

811 Wilma Street

2.4 CITY-ST-ZIP

Longwood, FL 32750

3.1 TITLE

V

3.2 NAME

Ronald Rothwell

3.3 STREET ADDRESS

811 Wilma Street

3.4 CITY-ST-ZIP

Longwood, FL 32750

4.1 TITLE

T

4.2 NAME

Tara Preston

4.3 STREET ADDRESS

811 Wilma Street

4.4 CITY-ST-ZIP

Longwood, FL 32750

5.1 TITLE

S

5.2 NAME

Viveca Hudson

5.3 STREET ADDRESS

811 Wilma Street

5.4 CITY-ST-ZIP

Longwood, FL 32750

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 an attachment with an address, with all other like empowered.

SIGNATURE:

Viveca M. Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99
Date

(407) 331-155
Daytime Phone #