

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90001 039 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000080799**

1. Corporation Name  
**SCOTT FULLER ELECTRIC CO., INC.**



Principal Place of Business <b>2132 NE 25TH STREET WILTON MANORS FL 33305</b>	Mailing Address <b>2132 NE 25TH STREET WILTON MANORS FL 33305</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>10/01/1998</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0863122</b>	
City & State <b>23</b>		City & State <b>28</b>		Applied For <b>Not Applicable</b>	
Zip <b>24</b>		Country <b>25</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Country <b>29</b>		Zip <b>30</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country <b>29</b>		Zip <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FULLER, SCOTT R  
2132 NE 25TH STREET  
WILTON MANORS FL 33305**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott R. Fuller	1.2 NAME	
STREET ADDRESS	2132 N. E. 25th St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Wilton Manors, FL 33305	1.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert H. Fuller	2.2 NAME	
STREET ADDRESS	2132 N. E. 25th St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Wilton Manors, FL 33305	2.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn C. Brunetti-Fuller	3.2 NAME	
STREET ADDRESS	2132 N. E. 25th Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Wilton Manors, FL 33305	3.4 CITY-ST-ZIP	
TITLE	Secretary/Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bennett E. Brunetti	4.2 NAME	
STREET ADDRESS	1824 S. E. 21st Ave.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Scott R. Fuller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

954-565-7714

Date

Daytime Phone #

CR2E034 (11/98)

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