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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAF, TMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000086079

G.W. ELECTRIC, INC.

Mailing Address

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90065 009 ***150.00



Principal Place of Business 1039 PINEVIEW PLACE 1039 PINEVIEW PLACE LAKELAND Fl. 33801 LAKELAND FL 33801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/01/1998 4. FEI Nurnber Applied For 2a. Mailing Address 2. Principal Place of Business ABOVE 59-355601 SAME Not Applicable ABOVF SAME AS Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 28 23 Country Zip Country 8. This corporation owes the current year Intangible Zip E/No ☐ Yes Personal Property Tax. 25 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GREENLEE, BYRON MONROE II Street Ad Iress (P.O. Box Number is Not Acceptable) 1039 PINEVIEW PLACE LAKELAND FL 33801 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida. Such change was a uthorized 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, Fix rida Statutes. SIGNATURE (11/98)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE CR2E034 GREENLEE. BYRON MONROE II 1.2 NAME NAME 1039 PINEVIEW PLACE 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 33801 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE WALLS, DWIGHT HOWARD 2.2 NAME NAME 1039 PINEVIEW PLACE 2.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 33801 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADORUSS 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further sertify 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 attactment with an address, with all other like empowered.