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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90005 025 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000087758

1. Corporation Name

TRI-COUNTY ELECTRICAL CONTRACTING OF CENTRAL FL.
, INC.

Principal Place of Business

2699 FORSYTH RD. SUITE 111
ORLANDO FL 32807

Mailing Address

2699 FORSYTH RD. SUITE 111
ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1998

4. FEI Number

59-3538428

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1307 CENTRAL PARK DR.

2a. Mailing Address

26 1307 CENTRAL PARK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SANFORD, FL

City & State

28 SANFORD, FL

Zip

24 32771

Country

25 SEVIOLE

Zip

29 32771

Country

30 SEVIOLE

9. Name and Address of Current Registered Agent

WOLFE, THOMAS W
1052 PRINCESS GATE BLVD.
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name

THOMAS W. WOLFE

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

1307 CENTRAL PARK DR.

83

84 City

SANFORD

FL

85 Zip Code

32771

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 THOMAS W. WOLFE PRES. *Thomas W. Wolfe*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/99

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT/DIRECTOR ☐ DELETE

NAME THOMAS W. WOLFE

STREET ADDRESS 1052 PRINCESS GATE BLVD

CITY-ST-ZIP WINTER PARK, FL. 32792

TITLE S.T.D. ☐ DELETE

NAME CYNTHIA S. WOLFE

STREET ADDRESS 1052 PRINCESS GATE BLVD.

CITY-ST-ZIP WINTER PARK, FL. 32792

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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: *Thomas W. Wolfe* PRES. 1/26/99 407-302-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)