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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000088381

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

AEI ELECTRICAL CONSTRUCTION, INC.

Mailing Address Principal Place of Business 600 OSPREY LANDING DRIVE WEST 600 OSPREY LANDING DRIVE WEST LAKELAND FL 33813 LAKELAND FL 33813 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/14/1998 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3<u>536992</u> Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 23 28 Country Country 8. This corporation owes the current year intangible Zin □No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ARNETT, LLOYD H II Street Address (P.O. Box Number is Not Acceptable) 82 600 OSPREY LANDING DRIVE WEST LAKELAND FL 33813 83 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ DELETE 1.1 TITLE TITLE ARNETT, LLOYD H III 1.2 NAME NAME 600 OSPREY LANDING DRIVE WEST 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 3.1 TITLE TITLE 32 NAME NAME - -3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

May 07, 1999 8:00 am Secretary of State

05-07-1999 90035 028 ***150.00



CR2E034 (11/98)

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 suppliemental 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 of 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, of on an attachment with an address, with all other like empowered.

Change

☐ Addition

Lloyd SIGNATURE:

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE