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

PROFIT *CORPORATION* ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90120 031 \*\*\*150.00

DOC	JMENT #	P98000090896

1. Corporation Name

FRANCIS ELECTRIC INC

	•								
Principal Place	e of Rusiness	Mailing Address				<b>                                    </b>			
Principal Place of Business 10460 NW 18TH MANOR PLANTATION FL 33322		10460 NW 18TH MANOR PLANTATION FL 33322						۷. ۵۵۰۵۶	
					O Data Issae		OT WRITE IN TI	1IS SPACE	
					3. Date Incor 10/23/19		uallieu		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		1 00.1.	/   A	pplied For
21		26			l ta	73 ~DY	1049 CH		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate	· Colina pa		\$8.75	Additional
22	and a manage of a management of the contract o	27	•		5. Centroate	or Status De	sired 🔲	Fee R	equired
City & State	e	City & State			6. Election Ca	ampaign Fin	ancing	\$5.00	May Be
23		28			Trust Fund	Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Country		8. This corpo	ration owes	the current year		A-6
24	25	29 3	o]			roperty Tax.		Yes	₩No
	9. Name and Address of Curre	nt Registered Agent	81 Nam		10. Name and	Address o	f New Register	ed Agent	
EDAI	NCIS, DELROY		81 Nam	ie					
	60 NW 18TH MANOR		82 Stre	et Addres	s (P.O. Box Nu	mber is Not	Acceptable)	<u>.</u>	
	NTATION FL 33322		83					<del></del> -	
100	MANON I C BOOLE		63				•		
			84 City				F	85 Zip	Code
44 Dureuant	to the provisions of Sections 607.050	02 and 607 1508 Florida Statutes	the above-name	ed corpor	ation submits th	is statement	for the purpose	of changing its	s registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga-	of Florida. Such change was aut	honzed by the co	rporation	's board of direc	tors. I hereb	y accept the ap	pointment as re	egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0303, Floric	ia Statutes.						
SIGNATURE									
	Stanature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered Agent signatu	ra required w	rhen reinstating)		DATE		
12.	Signature, typed or printed name of registered age OFFICERS At	ent and title if applicable. (NOTE: R ND DIRECTORS	egistered Agent signatu 13.	ra required w		/CHANGES	TO OFFICERS		
				ire required w	ADDITIONS				ORS IN 12
12.		ND DIRECTORS	13.	DE	ADDITIONS LLOU H	Ancis	TO OFFICERS	AND DIRECTO	
12. TITLE		ND DIRECTORS	13. 1.1 TITLE	DE ss 10	ADDITIONS LLOU TO LLOU N.W.	ANCIS 181H	TO OFFICERS PISIT MANDA	AND DIRECTO	
12. TITLE NAME		ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	DE ss 10	ADDITIONS LLOU H	ANCIS 181H	TO OFFICERS	AND DIRECTO	Addition
12. TITLE NAME STREET ADDRESS		ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE	DE ss 10	ADDITIONS LLOU TO LLOU N.W.	ANCIS 181H	TO OFFICERS PISIT MANDA	AND DIRECTO	
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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 shanged, or on an atjachment with an address, with all other like empowered.

CITY-ST-ZiP