

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90058 001 ***300.00

DOCUMENT # P98000106979

1. Entity Name
ARNETT ELECTRIC & LIGHTING, INC.

Principal Place of Business Mailing Address
613 SCHOOLHOUSE ROAD 613 SCHOOLHOUSE ROAD
LAKELAND FL 33813 LAKELAND FL 33813-2588

2. Principal Place of Business 3. Mailing Address
611 Schoolhouse Road 611 Schoolhouse Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lakeland, FL Lakeland, FL

Zip Country Zip Country
33813 USA 33813 USA

4. FEI Number Applied For
59-3554045 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGSTON, SCOTT H
117 SOUTH FLORIDA AVENUE
LAKELAND FL 33801

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ARNETT, MICHAEL H	
STREET ADDRESS	6718 BROKEN ARROW TRAIL S	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	S	<input type="checkbox"/> Delete
NAME	WATERS, ALLEN E	
STREET ADDRESS	613 SCHOOLHOUSE RD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FULLWOOD, ROBERT	
STREET ADDRESS	613 SCHOOLHOUSE RD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **FORWARDED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)