2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2002 8:00 am Secretary of State DOCUMENT # P99000075535 1. Entity Name ANECO ELECTRICAL CONSTRUCTION, INC. 05-10-2002 90063 003 ***150.00 Principal Place of Business Mailing Address **601 CLEVELAND STREET** 601 CLEVELAND STREET SUITE 600 SUITE 600 **CLEARWATER FL 33755 CLEARWATER FL 33755** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3591827 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE FL 32301 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD TITLE ☐ Delete ☐ Change Addition MEDLIN, BRUCE J NAME NAME STREET ADDRESS 601 CLEVELAND STREET, SUITE 600 STREET ADDRESS CITY-ST-7IP **CLEARWATER FL 33755** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MLADIC, WILLIAM G NAME STREET ADDRESS 601 CLEVELAND STREET, SUITE 600 STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33755** CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition LANG, THOMAS H NAME NAME STREET ADDRESS 400 S GREENWOOD AVE STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33756 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition BEIM, TED NAME STREET ADDRESS **601 CLEVELAND STREET** STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33755** CITY-ST-ZIP **VD** TITLE ☐ Delete TITLE X Change Addition NAME HOLMES, MICHAEL NAME STREET ADDRESS 11220 METRO PKWY STREET ADDRESS 11220 Metro Pkwy, Suite 17 CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME SHU, TIN S NAME Chu, Tin S STREET ADDRESS 4629 36TH ST STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

ORLANDO FL 32811

CITY-ST-7IP

William G. Mladic SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2002 (727) 447-2556

Daytime Phone #

CR2E034 (9/01)