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

**PROFIT CORPORATION ANNUAL REPORT** 

AMERICAN STREET

\*\*\*



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 02 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

|                                             | 1998 DIV                              |                                        | DIVISION OF CO                           | ORPORATIO                  | ONS .              | Scoret                                                                        | ui y v       | <i>3</i> 1        | aic                                         |
|---------------------------------------------|---------------------------------------|----------------------------------------|------------------------------------------|----------------------------|--------------------|-------------------------------------------------------------------------------|--------------|-------------------|---------------------------------------------|
|                                             | T T T T T T T T T T T T T T T T T T T | 4191                                   | (0)                                      |                            |                    |                                                                               |              |                   |                                             |
| BWK E                                       | LECTRIC INC.                          |                                        |                                          |                            |                    |                                                                               |              |                   |                                             |
|                                             |                                       |                                        |                                          |                            |                    |                                                                               | )            |                   | <b>                                    </b> |
| Orinainal Diag                              | o of Pusings                          | Moiling A                              | ddraa                                    |                            |                    |                                                                               |              |                   |                                             |
| Principal Place of Business Mailing Address |                                       |                                        |                                          |                            |                    |                                                                               |              |                   |                                             |
| % JOHN T. I<br>1130 PECHTI                  |                                       |                                        | % John T. Robertson<br>1130 Pechtree St. |                            |                    |                                                                               |              |                   |                                             |
| COCOA FL 3                                  | 2922                                  |                                        | COCOA FL 32922                           |                            |                    | DO NOT WR                                                                     |              | SPACE             |                                             |
|                                             |                                       |                                        |                                          |                            |                    | 3. Date Incorporated or Qualific                                              | d            |                   |                                             |
| 2. Principal P                              | lace of Business                      | 2a. Mailing                            | Address                                  | ·· <del>·</del>            |                    | 10/01/1990<br>4. FEI Number                                                   |              | - I Arı           | plied For                                   |
| 21                                          |                                       | 26                                     | 26                                       |                            |                    | 59-3041638                                                                    |              | — <del>—</del>    | ot Applicable                               |
| Suite, Apt.                                 | #, etc.                               | Suite,                                 | Apt. #, etc.                             |                            |                    | 5. Certificate of Status Desired                                              |              | \$8.75            |                                             |
| 22                                          |                                       | 27                                     | <u></u>                                  |                            |                    |                                                                               |              | Fee Re            | <del></del>                                 |
| City & Stat                                 | Ð                                     | City & 28                              | State                                    |                            |                    | <ol> <li>Election Campaign Financing<br/>Trust Fund Contribution</li> </ol>   |              | \$5.00<br>Added t |                                             |
| Zip                                         | Country                               | Zip                                    |                                          | Country                    |                    | 8. This corporation owes or has                                               |              |                   |                                             |
| 24                                          | 25                                    | 29                                     | 3                                        | 30                         |                    | Personal Property Tax due Ju                                                  |              |                   | ] No                                        |
|                                             | 9. Name and Address                   | of Current Registered A                | gent                                     |                            |                    | 10. Name and Address of New                                                   | Registered   | Agent             |                                             |
|                                             | BERTSON, JOHN T                       |                                        |                                          | 81                         | Name               |                                                                               |              |                   |                                             |
| 1130 PEACHTREE                              |                                       |                                        |                                          |                            | Street Add         | iress (P.O. Box Number is Not Accep                                           | table)       |                   |                                             |
| CC                                          | OCOA FL 32922                         |                                        |                                          | 83                         |                    |                                                                               |              |                   |                                             |
|                                             |                                       |                                        |                                          |                            |                    |                                                                               |              | <del></del>       |                                             |
|                                             |                                       |                                        |                                          | 84                         | City               |                                                                               | FL           | 85 Zip C          | Code                                        |
| 11. Pursuant                                | to the provisions of Section          | ns 607,0502 and 607,1508               | , Florida Statutes                       | s, the above               | -named cor         | poration submits this statement for thation's board of directors. I hereby ac | e purpose o  | Changing its      | a registered                                |
| agent. I a                                  | m familiar with, and accep            | the obligations of, Section            | n 607.0505, Flori                        | ida Statutes               | i.                 | mona board or directors. Frieredy ac                                          | sept the app | OHIIHBITI AS      | registoreu                                  |
| SIGNATURE                                   | Signature, typed or printed name of   | registered agent and tille if mode al- | to (NOTE:                                | Projected Age              | nt eigenture sonu  | ired whon reinstating)                                                        | DATE         |                   |                                             |
| 12.                                         |                                       | ICERS AND DIRECTORS                    | ine (item)                               | 13.                        | r. argini.ore requ | ADDITIONS/CHANGES TO OF                                                       |              | DIRECTOR          | S IN 12                                     |
| TITLE                                       | D                                     |                                        | ☐ DELETE                                 | 1.1 TITLE                  |                    | ······································                                        |              | Change            | Addition                                    |
| NAME                                        | ROBERTSON, JOHN                       | IT                                     |                                          | 1.2 NAME                   |                    |                                                                               |              |                   |                                             |
| STREET ADDRESS                              | 1187 LUTHER DR.                       |                                        |                                          | 1.3 STREET                 | ļ                  |                                                                               |              |                   | í                                           |
| CITY-ST-ZIP<br>TITLE                        | ROCKLEDGE FL<br>D                     |                                        | DELETE                                   | 1.4 CITY - ST<br>2.1 TITLE | r-ZIP              |                                                                               |              | Change            | Addition                                    |
| NAME                                        | ROBERTSON, MARY                       | , p                                    | <u> </u>                                 | 2.2 NAME                   |                    |                                                                               |              | C Change          | ☐ Addition                                  |
| STREET ADDRESS                              | 1187 LUTHER DR.                       | •                                      |                                          | 2.3 STREET                 | ADDRESS            |                                                                               |              |                   |                                             |
| CITY-ST-ZIP                                 | ROCKLEDGE FL                          |                                        |                                          | 2. 4 CITY - S              |                    |                                                                               |              |                   |                                             |
| TITLE                                       |                                       |                                        | DELETE                                   | 3.1 TITLE                  |                    |                                                                               |              | Change            | Addition                                    |
| NAME                                        | •                                     |                                        |                                          | 3.2 NAME                   |                    |                                                                               |              |                   |                                             |
| STREET ADDRESS                              |                                       |                                        |                                          | 3.3 STREET                 | ADDRESS            |                                                                               |              |                   |                                             |
| CITY-ST-ZIP<br>TITLE                        |                                       | · · · · · · · · · · · · · · · · · · ·  | DELETE                                   | 3.4. CITY - S              | T- ZIP             |                                                                               |              | Change            | Addition                                    |
| NAME                                        |                                       |                                        | La Dittie                                | 4.1 TITLE<br>4.2 NAME      | ļ                  |                                                                               |              | L_1 Change        | [_] Muulion                                 |
| STREET ADDRESS                              |                                       |                                        |                                          | 4.3 STREET                 | ADDRESS            |                                                                               |              |                   |                                             |
| CITY-ST-ZIP                                 |                                       |                                        |                                          | 4.4 CITY - \$3             | •                  |                                                                               |              |                   |                                             |
| TITLE                                       |                                       |                                        | DELETE                                   | 5.1 TITLE                  |                    |                                                                               |              | Change            | Addition                                    |
| NAME                                        |                                       |                                        |                                          | 5.2 NAME                   |                    |                                                                               |              |                   |                                             |
| STREET ADDRESS                              |                                       |                                        |                                          | 5.3 STREE1                 |                    |                                                                               |              |                   | ŀ                                           |
| CITY-ST-ZIP                                 |                                       | ·                                      | DELETE                                   | 5.4 CITY-ST                | - ZIP              |                                                                               |              | Change            | Addition                                    |
| TITLE<br>NAME                               |                                       |                                        | -1 DECELE                                | 6.1 TITLE<br>6.2 NAME      |                    |                                                                               |              | onange            | MOUNDII                                     |
| STREET ADDRESS                              |                                       |                                        |                                          | 6.3 STREET                 | ADDRESS            |                                                                               |              |                   |                                             |
| CITY-SI-ZIP                                 |                                       |                                        |                                          | 6.4 CITY-ST                |                    |                                                                               |              |                   |                                             |
|                                             | ertify that the information s         | supplied with this filing dos          | e not qualify for                        |                            |                    | Section 119 07/3Vi) Florida Statutor                                          | I further or | artifu that the   | information                                 |

thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.

GNATURE:

Contact 1/2 2/48 407, 639 620. 407.639 6201 SIGNATURE: