

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90296 033 ***150.00

05-06-1999 90296 034 *****8.75

DOCUMENT # **S12327**

1. Corporation Name

ELECTRICAL CONSULTING SERVICES, INC.

Principal Place of Business
1750 N FLORIDA MANGO ROAS
SUITE 403
WEST PALM BEACH FL 33409
US

Mailing Address
1750 N FLORIDA MANGO RD
STE 403
WEST PALM BCH. FL 33409
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1990

4. FEI Number

65-0232153

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **1720 Upland Road**

Suite, Apt. #, etc.

22 **-**

23 **West Palm Beach, FL**

24 **33409** 25 **USA**

2a. Mailing Address

26 **1720 Upland Road**

Suite, Apt. #, etc.

27 **-**

28 **West Palm Beach, FL**

29 **33409** 30 **USA**

9. Name and Address of Current Registered Agent

KETTNER, KENNETH B
1750 FLORIDA MANGO RD
STE 403
WEST PALM BEACH FL 3340

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1720 Upland Road

83

84

West Palm Beach

FL

85

33409

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **KETTNER, KENNETH B**
CITY-ST-ZIP **1750 N FLORIDA MANGO RD STE 403**
WEST PALM BCH. FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **1720 Upland Road**
1.4 CITY-ST-ZIP **West Palm Bch, FL 33409**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Vice President**
2.3 STREET ADDRESS **DANA J KETTNER**
2.4 CITY-ST-ZIP **1720 Upland Road**
West Palm Bch, FL 33409

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)