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

PROFIT CORPORATION ANNUAL REPORT

1998

A & D ELECTRIC INC.

STREET ADORESS

DOCUMENT # S21993



FLORIDA DEPARTMENTOF STATES

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

FILED Jun 10 1998 8:00am Secretary of State

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)
Principal Plac		Mailing Address			
1153 10TH ST Unitar &	ī.	- CLEDWONT FU-MAN	Ð		
CLERMONT FL 34711		1153 LOWSTRET #E		DO NOT WRITE IN THIS SPACE	
U\$		clermant, f	134711	3. Date Incorporated or Qualified 12/19/1990	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3046691	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27			Fee Required
23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zipi	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registered	d Agent
	IATALE, TINA		81 Name		
	11 LAKE NELLIE ROAD		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
CLE	ERMONT FL 34711			,	
			83		
			84 City	F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above-named cor	moration submits this statement for the nurnose	of changing its registered
office or re	egistered agent, or both, in the State m temiliar with, and account the obliga-	of Horida, Such change was attens of Section 607,0505, LL	authorized by the corpora	ation's board of directors. I hereby accept the ap	pointment as registered
	in ignition and, this descript the congr	10010 (11, COCOTOT) BOY (COQ), 11	Orida Statutes.		
SIGNATURE	Signature, typied or printed name of registered rigin	nt and title if approable (NO)	It Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS ANI	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DIN ATALE, ANTHONY N.		1.2 NAME		
STREET ADDRESS	8031 LAKE NELLIE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL		1.4 CITY - ST - ZIP		
TITLE	DVT	DELETE	2.1 TITLE		Change Addition
NAME	DINATALE, TINA Y.		2.2 NAME		
STREET ADDRESS	8031 LAKE NELLIE ROAD		2 3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL		2. 4 CITY-ST-ZIP	· ·	
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TOTLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			62 NAME	1000025571	51 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address.