08-04-1999 90005 035 ***550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1999

| A & D E | ELECTRIC INC. | | | | | | | | | | |
|--|---|--|--|---|-----------|--|--------------------|--------------------|--------------|---|----------------|
| | | A. W A. J | | | | | | | | | |
| Principal Place | | Mailing Address | | | | | | | | | |
| 1153 10TH ST. | | 1153 10TH ST. Suite e | | | ļ | | | | | | |
| SUITE E CLERMONT FL 34711 | | CLERMONT FL 34711 | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| US . | | US | | | | 3. Date incorporated or Qualified | | | | | |
| | | | | | | 12/19/1990 | | | | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | <u> </u> | 4. FEI Number | | | Applie | d For | |
| 21 | | 26 | | | `_ | 59-3046691 | | \ | + | pplicable | 1 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional | | | | | |
| 22 | | 27 | | | | c | | | e Requi | | - |
| City & State | | City & State | | | i | 6. Election Campaign Financing | | | 00 Ma | | |
| 23 | | 28 | | | | Trust Fund Contribution | | Ade | led to F | ees | ┨ |
| Zip | Country | Zip | Coun | try | İ | 8. This corporation owes the curr | ent year | - Con | Пи | _ | |
| 24 | 25 | 29 | 30 | | | Intangible Personal Property. | <u> </u> | Yes | <u> </u> | 0 | ┨ |
| | 9. Name and Address of Current | Registered Agent | | 31 Name | 1 | 0. Name and Address of New i | registet <u>en</u> | Agent | | **** | 1 |
| DIMA | ATALE, TINA | | [' | 81 Name | | | | | | | ļ |
| | 1 LAKE NELLIE ROAD | | <u> </u> | Street | Address | (P.O. Box Number is Not Accepta | able) | | | | |
| | RMONT FL 34711 | | Ĺ | | | | | | | | ┨ |
| VIL | 3 UMO(4) 1 L 347 1 1 | | \' | B3 | | | | | | | |
| | | |]; | B4 City | | <u></u> | FL | 85 | Zip Cod | e | 1 |
| | | | | | | the state of the s | | | to sogiet | ered | ┨ |
| office or r | to the provisions of sections 607.0502 registered agent, or both, in the State of | of Florida Such change was a | uthorized | by the core | orption's | board of directors. I hereby accer | of the annoi | ntment s | ıs regist | ered | |
| agent. Fa | am familiar with, and accept the obligat | tions of, section 607.0505, Flo | rida Statu | tes. | | y board of directors. Thoroby 2000 | л по арры | in in in i | | 0,00 | |
| agent. Fa | am tamiliar with, and accept the obligat | tions of, section 607.0505, Fig | | 165. | | when reinstating) | DATE | | | | |
| agent, ra | am familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS AND | and title if applicable. (NC | | 165. | | | DATE | ··· | | | (00) |
| agent. Fa | am familiar with, and accept the obligat | and title if applicable. (NC | TE: Registere | d Agent signatu | | when reinstating) | DATE | ··· | CTORS | | (6/60) |
| SIGNATURE _ | am familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS AND | and title if applicable. (NC | TE: Registere | d Agent signatu | | when reinstating) | DATE | ID DIRE | CTORS | IN 12 | 034 (E/00) |
| SIGNATURE | Signature, typed or printed name of registered agent OFFICERS AND | and title if applicable. (NC | TE: Registere 13. 1.1 TITL 1.2 NAM | d Agent signatu | | when reinstating) | DATE | ID DIRE | CTORS | IN 12 | DE024 (E/00) |
| SIGNATURE | Signature, typed or printed name of registered agent OFFICERS AND DP DINATALE, ANTHONY N. | and title if applicable. (NC | 13. 1.1 TITL 1.2 NAM 1.3 STR | d Agent signatu E | | when reinstating) | DATE | ID DIRE | CTORS | IN 12 | CD0E034 (E/00) |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered agent OFFICERS AND DP DINATALE, ANTHONY N. 8031 LAKE NELLIE ROAD | and title if applicable. (NC | 13. 1.1 TITL 1.2 NAM 1.3 STR | ed Agent signatu E E EEET ADDRESS 7-ST-ZIP | | when reinstating) | DATE | ID DIRE | CTORS | IN 12 | CD2E034 (E/00) |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered agent OFFICERS AND DP DINATALE, ANTHONY N. 8031 LAKE NELLIE ROAD CLERMONT FL | and title if applicable. (NC D DIRECTORS DELETE | 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT | es. d Agent signatu E tE EET ADDRESS '-ST-ZIP E | | when reinstating) | DATE | ID DIRE | CTORS | IN 12 Addition | CD2E034 (F/00) |
| Agent. Fa | Signature, typed or printed name of registered agent OFFICERS AND DP DINATALE, ANTHONY N. 8031 LAKE NELLIE ROAD CLERMONT FL DVT DINATALE, TINA Y. | and title if applicable. (NC D DIRECTORS DELETE | 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA | es. d Agent signatu E tE EET ADDRESS '-ST-ZIP E | | when reinstating) | DATE | ID DIRE | CTORS | IN 12 Addition | CD2E034 (E/00) |
| Agent. Fa | Signature, typed or printed name of registered agent OFFICERS AND DP DINATALE, ANTHONY N. 8031 LAKE NELLIE ROAD CLERMONT FL DVT | and title if applicable. (NC D DIRECTORS DELETE | 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR | d Agent signatu E E E E E E T ADDRESS ST-ZIP E E E | | when reinstating) | DATE | ID DIRE | CTORS | IN 12 Addition | CD3E034 (E/00) |
| SIGNATURE 12. 17. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered agent OFFICERS AND DP DINATALE, ANTHONY N. 8031 LAKE NELLIE ROAD CLERMONT FL DVT DINATALE, TINA Y. 8031 LAKE NELLIE ROAD | and title if applicable. (NC D DIRECTORS DELETE | 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT | d Agent signatu E E E E E E E E E F ST ZIP E E E E E E E E E E E E E | | when reinstating) | DATE | ID DIRE | CTORS | IN 12 Addition | CD2E034 (E/00) |
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| Agent. Fa | Signature, typed or printed name of registered agent OFFICERS AND DP DINATALE, ANTHONY N. 8031 LAKE NELLIE ROAD CLERMONT FL DVT DINATALE, TINA Y. 8031 LAKE NELLIE ROAD | and title if applicable. (NC) DIRECTORS DELETE | 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA | d Agent signatu E HE | | when reinstating) | DATE | ID DIRE | CTORS | IN 12 Addition Addition | CD2E034 (E/00) |
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| AGENT TO A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered agent OFFICERS AND DP DINATALE, ANTHONY N. 8031 LAKE NELLIE ROAD CLERMONT FL DVT DINATALE, TINA Y. 8031 LAKE NELLIE ROAD | and title if applicable. (NCD DIRECTORS DELETE | 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 4.1 TITL 4.2 NAN 4.3 STR 4.3 STR | E EET ADDRESS AST-ZIP E AST-ZIP AST-ZIP AST-ZIP AST-ZIP AST-ZIP AST-ZIP | | when reinstating) | DATE | D DIRE Cha | CTORS nge | IN 12 Addition Addition Addition | CD2C034 (5/00) |
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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 chapted, or on an attachment with an address.

SIGNATURE