

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90235 005 ***150.00

DOCUMENT # S43694

1. Entity Name

ARGON ELECTRIC INC.

Principal Place of Business

Mailing Address

~~624 S. EVERS ST.
 PLANT CITY FL 33566
 US~~

~~624 S EVERS STREET
 PLANT CITY FL 33564-3478
 US~~

2. Principal Place of Business

704 S. EVERS ST.

3. Mailing Address

PO BOX 3478

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY

City & State

PLANT CITY

4. FEI Number

59-3062294

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

33566

Country

HILLSBOROUGH

Zip

33564

Country

HILLSBOROUGH

6. Name and Address of Current Registered Agent

**GLENN, DALE E.
 2785 GOLF LAKE DR
 PLANT CITY FL 33567**

7. Name and Address of New Registered Agent

Name

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

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GLENN, DALE E.	
STREET ADDRESS	2785 GOLF LAKE DR	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOODWIN, EDWARD	
STREET ADDRESS	4202 MCGEE RD.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99