FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90021 011 ***150.00

DO NOT WRITE IN THIS SPACE

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

Mailing Address

P.O. BOX 273912

TAMPA FL 33688-3912

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$51370

Principal Place of Business

3502 EHRLICH

TAMPA FL 22618

TAMPA ELECTRICAL CONTRACTING HEADQUARTERS, INC.

							3. Date Incorp	orated or Qualife	ed			
							05/07/19	91				
2. Principal Pl	ace of Business	2a. Mailir	ng Address				4. FEI Numbe	•		_ A	oplied For	
21 10315	TN. CLIFF CR.	26					59-3065	179		·	lot Applicable	
Suite, Apt.	#, etc.	Suite	Apt. #, etc.				5 Certificate o	f Status Desired			Additional	
22		27					J. Certificate C	- Olatus Desired		Fee F	Required	
City & State City & State					6. Election Campaign Financing \$5.00 May Be						May Be	
23 TAM	PA, Fl.	28					Trust Fund	Contribution	ليا	Added	to Fees	
Zip	Country CesA	Zip		Countr	У		8. This corpor	ation owes the c	urrent year In	_Z	_	
24 33612 25 Hitts 29 30							Personal Property Tax. X Yes No					
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
HOLL	AAID JANELJAAA AA ID			8.	1 Na	ame						
HOLLAND, WILLIAM M., JR.					82 Street Address (P.O. Box Number is Not Acceptable)							
503 - 505 E. TWIGGS STREET									· • ·			
TAMPA FL					3						ļ	
				84	4 6	<u> </u>		· ·		85 Zip	Code	
				0,	Cit	ty			FL	_ 65 210	Code	
11. Pursuant t	to the provisions of Sections 607.050 agistered agent, or both, in the State	02 and 607,150	8, Florida Statute	es, the about	ve-nan	med corp	oration submits thi	s statement for thorse, I hereby acc	ne purpose of cept the appo	changing it	s registered egistered	
agent. I ar	n familiar with, and accept the obliga	ations of, Section	on 607.0505, Flo	rida Statute	S.	·						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if apolical	ole. (NOTE	Registered Apr	ent signa	ature require	d when reinstating)		DATE			
12.		ND DIRECTOR		13.			ADDITIONS	CHANGES TO	OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	PD	-	DELETE	1.1 TITLE						Change	☐ Addition	
NAME	WEBSTER, EDWIN F., JR.			1.2 NAME						•	j	
STREET ADDRESS	3502 EHRLICH RD.			1.3 STREE	ETADOR	RESS 10	315 10. (CUFFC	'K.		}	
CITY-ST-ZIP	TAMPA FL			1.4 CITY-	ST-ZIP	1-	AMOA.	F1. 33	613			
TITLE	VDTS		☐ DELETE	2.1 TITLE			AMEA,	1		Change	Addition	
NAME	WEBSTER, AUDREY P.			2.2 NAME								
STREET ADDRESS	3502 EHRLICH RD			23 STRE	ET ADDR	RESS 16	0315 N.	CUFF	CR.	-	<u> </u>	
CITY-ST-ZIP	TAMPA FL			2)4 CITY-		1	0315 N. <u>-AMPA</u>	F1. 3	3642		İ	
TITLE			☐ DELETE	3.1 TITLE			<u> </u>	7		Change	Addition	
NAME				3.2 NAME		Ì						
STREET ADDRESS				3.3 STRE	ET ADDR	RESS					ļ	
CITY-ST-ZIP				3.4. CITY-							1	
TITLE			☐ DELETE	4,1 TITLE		-	***			☐ Change	☐ Addition	
NAME				4, 2 NAME								
STREET ADDRESS				4.3 STREE	T ANDR	RESS						
				4.4 CITY-								
CITY-ST-ZIP			☐ DELETE	5.1 TITLE						Change	☐ Addition	
NAME				5.2 NAME					•			
STREET ADDRESS				5.3 STREE	ET ADDR	RESS						
1				5.4 CITY-							ļ	
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE						Change	Addition	
NAME				6.2 NAME						_ •	_	
				6.3 STREE		RESS						
STREET ADDRESS				6.4 CITY-							1	
CITY-ST-ZIP	ertify that the information supplied w	ith this filing do	es not qualify for			tated in S	Section 119.07(3)(i	, Florida Statute	s. I further ce	tify that the	information	
indicated of	on this annual report or supplementa firector of the corporation or the rece or Block 13 if changed, or on an attac	il annual report eiver or trustee	is true and accu empowered to e	rate and the xecute this	at my : report	signature Las requi:	shall have the sa	me legal effect as	s it made und	er oatn; tha y name apt	tiam an	

SIGNATURE:

813-936-830L