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

DOCUMENT # S66441

DEW ELECTRIC CO., INC.

Principal Place of Business Mailing Address						1.13					
		P.O. BOX 4526									
		SEMINOLE FL 34642				DO NOT WRITE IN THIS SPACE					
US US		05				3. Date Incorporated or Qualifed					
		•				07/11/1	•				
2. Principal Place of Business 2a. Mailing Address						4. FEI Numi				Applied	d For
21	ado o Danisas	26				59-3079					plicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				1		\$8.7	5 Addit	tional	
22		27				5. Certificate	of Status Desired		Fee	Requir	ed
City & State		City & State			- 121 - F	6. Election (Campaign Financing		\$5.	00 мау	/ Be
23	. 28					Trust Fun	d Contribution		Add	ed to Fe	es
Zip	Country	Zip	Count	гу		8. This corporation owes the current year In					
24	25	29 3	30				Property Tax.		Yes		No
Name and Address of Current Registered Agent						10. Name an	d Address of New I	Registered A	Agent		
Chair	LI WAITED E		В	11 1	Name						İ
SMITH, WALTER E.			8	2 5	Street Addre	ess (P.O. Box N	umber is Not Accept	able)			
1301 4TH STREET NORTH ST. PETERSBURG FL 33731			_								
SI. I	PEIENODUNG FL 33/31		8	13				•			
	:		8	14 (City				85	Zip Code	9
					-			<u>FL</u>	بلبل		
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 ager			gent si	gnature required	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
12.		D DIRECTORS	13.			ADDITION	S/CHANGES TO OF	FICERS AN	Char		Addition
TITLE '	PTD	☐ DELETE	1.1 TITLE				•			,a,c ∟	
NAME	DAVIS, EVERETT C., JR.		1.2 NAME				·				
STREET ADDRESS	•		1.3 STREET ADDRESS								}
CITY-ST-ZIP	SEMINOLE FL.			1.4 CITY-ST-ZIP					☐ Char	100 F	Addition
TITLE	VSD	[DECE 15	2.1 TITLE							ige L	
NAME .				2.2 NAME							ĺ
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CITY-ST-ZIP	MADEIRA BCH FL		2.4 CITY		ZIP				☐ Char	то Г	Addition
TITLE				3.1 TITLE				, -	[_] Cila	iyo L	
NAME	:		3.2 NAME								
STREET ADDRESS	· -	•	3.3 STRE	EETAL	XORESS						
CITY-ST-ZIP			3.4. CITY		ZIP .				☐ Chai		Addition
TITLE	·	☐ DELETE	4.1 TITLE		1					iye L	
NAME `			4. 2 NAM			•					
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CITY-ST-ZIP			4.4 CITY		IP .				C) Char	DOD	Addition
ZILITE .	,	DELETE	5.1 TITLE						☐ Chai	iige [
NAME	-		5.2 NAME				•				ļ
STREET ADDRESS	,		5.3 STRE			•					ļ
CITY-ST-ZIP			5.4 CITY		IP				□ Ch-		Addition
TITLE		☐ DELETE	6.1 TITLE						Chai	ιλ ς [Addition
NAME			6.2 NAME								Ì
CTDEET ADDRESS			6.3 STRE	EET AD	DDRESS I						

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.

6.4 CITY-ST-ZIP

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90208 035 ***150.00