PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V03513

1. Corporation Name

RENNETT ELECTRICAL SERVICES INC

L. DENNETT ELECTRICAL OL	INVIOLO, INO.
Principal Place of Business	Mailing Address
2500 LAKE JOSEPHINE DR SEBRING FL 33872	2500 LAKE JOSEPHINE DR SEBRING FL 33872

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90076 038 ***150.00



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Principal Place of Business Mailing Address						NO (511 MINIT BENEV DI	ON OLDIN BI	B () DIGIL FOOT
2500 LAKE JOSEPHINE DR SEBRING FL 33872		2500 LAKE JOSEPHINE DR SEBRING FL 33872					•	
					DO NOT WRIT	E IN THIS SPA	CE	
					3. Date Incorporated or Qualifed			1
					01/02/1992			
2. Principal Pla	ace of Business	2a. Mailing Address		ساء د د د	4. FEI Number			lied For
21		26			59-3101035	_		. Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Rec	dditional quired
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		55.00 r Added to	
Zip	Country 25	Zip 30	Counti	ту	This corporation owes the curre Personal Property Tax.	ent year Intangit		□No
	9. Name and Address of Current				10. Name and Address of New Ro	egistered Ager	nt	
	2. 114(1)- 4/14 / 144(1-0)- 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.		8	1 Name				
	NETT, LESTER M. LAKE JOSEPHINE DR		8	2 Street Addi	ress (P.O. Box Number is Not Acceptal	ble)		
_	RING FL 33872		8	3				
			L		<u> </u>		5 Zip C	ada .
			8	4 City		FL 85	3 Zip C	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was auth	orized b	v the corporation	oration submits this statement for the pan's board of directors. I hereby accept .	ourpose of chan the appointme	iging its i nt as reg	registered jistered
SIGNATURE						DATE		{
	Signature, typed or printed name of registered agent		gistered Ag	ent signature require	ADDITIONS/CHANGES TO OFF		RECTO!	RS IN 12
12.	PT OFFICERS ANI	D DIRECTORS DELETE	1.1 TITLE		7.0011101107011111020 70 011		Change	Addition
TITLE	BENNETT, LESTER M.	C Secre	1.2 NAME			. –		_
NAME	2500 LAKE JOSEPHINE DR			ET ADDRESS				
STREET ADDRESS	SEBRING FL		1.4 CITY-					
CITY-ST-ZIP TITLE	VS	☐ DELETE	2.1 TITLE				Change	Addition
NAME	BENNETT, CONNIE J.		2.2 NAME					
	2500 LAKE JOSEPHINE DR			ET ADDRESS				
STREET ADDRESS	SEBRING FL		2. 4 CITY		2			į
CITY-ST-ZIP TITLE	OCDITIO 1 E	☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME			•	•	ľ
STREET ADDRESS				ET ADDRESS				}
CITY-ST-ZIP			3.4. CITY	-				
TITLE		DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAM	E				ļ
STREET ADDRESS			4.3 STRE	ET ADDRESS				{
CITY-ST-ZIP			4.4 CITY					ĺ
TITLE		DELETE	5.1 TITLE			· 🗀	Change	Addition
NAME			5.2 NAME	•	,	•		}
STREET ADDRESS			5.3 STRE	ET ADDRESS				\
CITY-ST-ZIP			5.4 CITY-	·ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	.	,	4		
STREET ADDRESS	ı		6.3 STRE	ET ADDRESS	•			}
CITY-ST-ZIP			6.4 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR