Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90127 007 ***150.00

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 # 1. Corporation Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

ISLAND	ELECTRICAL SERVICES, IN	 C.				
Principal Place	e of Business	Mailing Address				
1400 ISLAND DR. 1400 ISLAND DR. MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952						
			-			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 12/31/1991
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number Applied For
21		26	_			59-3100392 Not Applicable
Suite, Apt.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required	
22						6. Election Campaign Financing \$5.00 May Be
23 28					-	Trust Fund Contribution Added to Fees
Zip Country Zip			Cou	untry		8 This corporation owes the current year Intangible
24	25	29	30	•		Personal Property Tax.
[27]	9. Name and Address of Curren			Τ		10. Name and Address of New Registered Agent
				81	Name	
DONOVAN, THOMAS J.					O D D No bearing to the Acceptable	
) ISLAND DR.		•	82 Street Address (P.O. Box Number is Not Acceptable)		
MERRITT ISLAND FL 32952				83	83	
	-					
				84	City	FL 85 Zip Code
Affica Arr	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered ageing	of Florida. Such change wa tions of, Section 607.0505,	as authorize Florida Stat	a by tutes.	tne corpoi	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered equired when reinstating)
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			1.1 TITLE		☐ Change ☐ Additio
NAME	DONOVAN, THOMAS J.			AME		
STREET ADDRESS	1400 ISLAND DR.				ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL			ITY-S1		•
TITLE	INEFRITE TOO TO	☐ DELETE			1-211	Change Additio
NAME			2.2 N			
STREET ADDRESS					ADDRESS	
)				CITY-S		
CITY-ST-ZIP		☐ DELETE			. 41	☐ Change ☐ Addition
NAME	and the same of the same		3.2 N			المراجع والمنافض والمالي والمنافض والمن
STREET ADDRESS	}				ADDRESS	
1				CITY-S		
TITLE		☐ DELETE			1-2r	☐ Change ☐ Addition
NAME				NAME		·
	,				ADDRESS	
STREET ADDRESS	·			TY-S1		
CITY-ST-ZIP		☐ DELETE		л: т-5) ПГЕ	1-415	- Change Additio

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 of sustee 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.

5.2 NAME

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

Change

Addition