## 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 # **V04785**

1. Corporation Name

COUNTY WIDE ELECTRICAL CONTRACTORS, INC.

					-	(	/ USD WEWEL WINES P	/I	
Principal Place	Principal Place of Business Mailing Address								
330 OLD COUNTY ROAD 330 OLD COUNTY ROAD									
W. PALM BEAC	BEACH FL 33414 W. PALM BEACH FL 33414					DO NOT WRITE IN THIS SPACE			
								SPACE	
						3. Date Incorporated or Qualifed	J		l
						01/06/1992			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		<del> </del>	plied For
21		26				65-0309370			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			•	5. Certificate of Status Desired		\$8.75	
22		27				<b>3. 3. 3. 3. 3. 3. 3. 3.</b>		Fee Re	quired
City & State	e .	City & State				6. Election Campaign Financing	<sup>3</sup> 🗀	\$5.00	May Be
23		28				Trust Fund Contribution		Added t	to Fees
Zip	Zip Country Zip			1		8. This corporation owes the current year Intangible			
24	25 29 30					Personal Property Tax.		Yes	No
•	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New	Registered A	Agent	
			81	Nar	ne				
DANCE, JOE					ot Addro	ss (P.O. Box Number is Not Accep	stable)		
330 OLD COUNTY ROAD				Stre	et Addres	SS (F.O. BOX Number is Not Accep	tubic,		
W. PALM BEACH FL 33414			83	1			-		
•	•. •								
	•		84	City			FL	85 Zip (	Code
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 poard of directors. I neterly accept the appointment as registered									
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	Statutes	5.					
SIGNATURE									
	Signature, typed or printed name of registered agen			nt signat	ure required v	when reinstating)	DATE AN	D DIDECTO	DC IN 42
12.		D DIRECTORS	13.		$\overline{}$	ADDITIONS/CHANGES TO O	FFICERS AN	☐ Change	Addition
TITLE	PD	C) DELETE						☐ Ondingo	
NAME	DANCE, JOE		1.2 NAME						[
STREET ADDRESS	330 OLD COUNTY ROAD		1.3 STREE	TADDRE	:SS				
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-5	ST-ZIP					i
TITLE		☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME		1	2.2 NAME						1
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NAME			3.2 NAME						ĺ
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STREET ADDRESS		1	3.4. CITY-			•			1
CITY-ST-ZIP	**************************************	☐ DELETE	4.1 TITLE	31-4P	+			☐ Change	Addition
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NAME			4. 2 NAME			2-			
STREET ADDRESS			4.3 STREE		.SS				ļ
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	+-				
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition {
NAME	r		5.2 NAME			•			
STREET ADDRESS			5.3 STREE	TADDRE	:SS				ĺ

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE** 

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

■ Addition

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90108 027 \*\*\*150.00

CR2E034 (11/98)