

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V23383**

1. Corporation Name

MANAGEMENT SYSTEMS ELECTRIC, INC.

Principal Place of Business

**861 OLD KNIGHT RD
STE 114
KNIGHTDALE NC 27545
US**

Mailing Address

**861 OLD KNIGHT RD
STE 114
KNIGHTDALE NC 27545
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**CAPPS, LEWIS B
23 E. NIGHTINGALE ST.
APOPKA FL 32712**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1992

4. FEI Number

59-3116122

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **CAPPS, LEWIS B SR.**
STREET ADDRESS **861 OLD KNIGHT ROAD**
CITY-ST-ZIP **KNIGHTDALE NC 27545**

TITLE **VP** ☐ DELETE

NAME **ROBINSON, MORRIS L**
STREET ADDRESS **3705 SHADOW RIDGE RD**
CITY-ST-ZIP **WILSON NC 27896**

TITLE **S** ☐ DELETE

NAME **MEARES, CATHERINE L**
STREET ADDRESS **11096 BUFFALO ROAD**
CITY-ST-ZIP **CLAYTON NC 27520**

TITLE **VP** ☐ DELETE

NAME **PASCHALL, ROBIN M**
STREET ADDRESS **817 LAKE BRANDON TRAIL**
CITY-ST-ZIP **RALEIGH NC 27610**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 changed, or on an attachment with an address.

SIGNATURE:

Catherine L. Meares
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/99

(919) 266-8030

Date

Daytime Phone #

0117472

CR2E034 (5/99)

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90002 016 ***150.00



S90810-90002-16
V23383

Management
Systems
Electric, Inc.

July 07, 1999

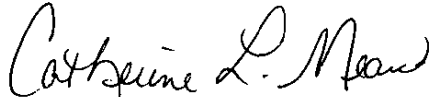
861 Old Knight Road-Suite 114
Knightdale, NC 27545
(919) 266-8030
(919) 266-0401 (Fax)

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

On July, 3, 1999, our corporation received a Second Notice for the 1999 Profit Corporation Annual Report. However, as of July 3, 1999, we had never received a first packet. I called your office on the above date and spoke with someone concerning this and she stated that we needed to send a letter stating this fact and send it in with the annual report and a \$150.00 check.

Sincerely,



Catherine L. Meares
Office Manager/Secretary