

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

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

02-19-1999 90032 030 ***150.00

DOCUMENT # **V66513**

i. Corporation Name
FYNE-WIRE SPECIALTIES, INC.

Principal Place of Business
**9633 CHURCH RD.
BRANDY STATION VA 22714
S**

Mailing Address
**PO BOX 151
BRANDY STATION VA 22714
US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

City & State

27

City & State

Zip

Country

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**EGERTON, CHARLES
800 N. MAGNOLIA AVE
STE. 1500
ORLANDO FL 32803**

3. Date Incorporated or Qualified

09/25/1992

4. FEI Number

59-3147836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ 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

i. 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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
**ASTD
NEDELL, THOMAS E.
TURK HILL RD.
BREWSTER NY**

☐ DELETE

2. NAME
**DPC
NEDELL, GREGORY T
HC-72 BOX 256 N/A
LOCUST GROVE VA**

☐ DELETE

3. NAME
**S
NEDELL, ELIZABETH A
HC-72 BOX 256 N/A
LOCUST GROVE VA**

☐ DELETE

4. NAME
**NEDELL, ELIZABETH A
HC-72 BOX 256 N/A
LOCUST GROVE VA**

☐ DELETE

5. NAME
**NEDELL, ELIZABETH A
HC-72 BOX 256 N/A
LOCUST GROVE VA**

☐ DELETE

6. NAME
**NEDELL, ELIZABETH A
HC-72 BOX 256 N/A
LOCUST GROVE VA**

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

Signature

GREGORY T. NEDELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99 540-825-2701

CR2E034 (11/98)