


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90032 035 \*\*\*150.00

|   |                    |   |  |   |  |
|---|--------------------|---|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>  |                    |            |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| <b>DOCUMENT # V73687</b><br>1. Corporation Name<br><b>GENTES AND KURUTZ ELECTRIC INC.</b>   |                    |   |  |   |  |
| Principal Place of Business<br>91971 OVERSEAS HWY<br>SUITE 4<br>TAVERNIER FL 33070<br>US  |                    |   | Mailing Address<br>P.O. BOX 2199<br>KEY LARGO FL 33037<br>US   |   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 25  |                    | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 30 |  | 3. Date Incorporated or Qualified<br>10/22/1992<br>4. FEI Number<br>65-0365845<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br>KURUTZ, JOHN N.<br>660 CABRERA ST<br>KEY LARGO FL 33037  |                    |   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____  |                    |   |  |   |  |
| 12. OFFICERS AND DIRECTORS  |                    |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |   |  |
| TITLE   | DP                 | <input type="checkbox"/> DELETE   | 1.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | KURUTZ, JOHN N     |   | 1.2 NAME   |   |  |
| STREET ADDRESS  | 660 CABRERA ST     |   | 1.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | KEY LARGO FL       |   | 1.4 CITY-ST-ZIP  |   |  |
| TITLE   | DST                | <input type="checkbox"/> DELETE   | 2.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | GENTES, KENNETH R. |   | 2.2 NAME   |   |  |
| STREET ADDRESS  | 273 HIBISCUS ST    |   | 2.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | TAVERNIER FL       |   | 2.4 CITY-ST-ZIP  |   |  |
| TITLE   |                    | <input type="checkbox"/> DELETE   | 3.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |                    |   | 3.2 NAME   |   |  |
| STREET ADDRESS  |                    |   | 3.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                    |   | 3.4 CITY-ST-ZIP  |   |  |
| TITLE   |                    | <input type="checkbox"/> DELETE   | 4.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |                    |   | 4.2 NAME   |   |  |
| STREET ADDRESS  |                    |   | 4.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                    |   | 4.4 CITY-ST-ZIP  |   |  |
| TITLE   |                    | <input type="checkbox"/> DELETE   | 5.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |                    |   | 5.2 NAME   |   |  |
| STREET ADDRESS  |                    |   | 5.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                    |   | 5.4 CITY-ST-ZIP  |   |  |
| TITLE   |                    | <input type="checkbox"/> DELETE   | 6.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |                    |   | 6.2 NAME   |   |  |
| STREET ADDRESS  |                    |   | 6.3 STREET 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John N. Kurutz*  
**JOHN N. KURUTZ**

3-29-99

305-852-7732