FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:53

DOCUMENT # 173324 (5)

1. Corporation Name
ALSTON ELECTRIC SUPPLY COMPANY, INC

Principal Place of Business	Mailing Address
% HOWARD L. BEARD, JR. 3725 NORTH PALAFOX STREET PENSACOLA FL 32505	% HOWARD L. BEARD, JR. 3725 NORTH PALAFOX STREET PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/24/1953
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21 c/o Daniel H. Beard
22 Suite, Apt. #, etc
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 c/o Daniel H. Beard
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 Country

4. FEI Number: 59-0700777 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BEARD, DANIEL H
3725 NORTH PALAFOX STREET
PENSACOLA FL 32505

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BEARD, DANIEL H	12 NAME	
STREET ADDRESS	3725 N.PALAFOX STREET	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 0	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	BEARD, DANIEL	22 NAME	
STREET ADDRESS	3725 N.PALAFOX STREET	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 0	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	SHELBY, KENNETH W.	32 NAME	
STREET ADDRESS	3725 N.PALAFOX STREET	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Daniel H Beard 4/4/95 (904) 433-4631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Daniel H. Beard, President

0007376 CP