2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 211466 Jan 27, 2000 8:00 am 1. Entity Name **BILL THOMPSON ELECTRIC COMPANY Secretary of State** 01-27-2000 90177 024 ***150.00 Principal Place of Business Mailing Address PO BOX 330150 49 WEST 7TH ST ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233-0150 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 59-0843886 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THOMPSON, WILLIAM R., IV Street Address (P.O. Box Number is Not Acceptable) 190 CLUB DRIVE ATLANTIC BEACH FL 32233 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE TITLE ☐ Delete THOMPSON, WM R , III NAME MAME STREET ADDRESS 41 6TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTIC FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE THOMPSON, LINDA G NAME STREET ADDRESS 190 CLUB DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BEACH FL Change ■ Addition ☐ Delete TITLE TITLE THOMPSON, WILLIAM R.IV NAME NAME STREET ADDRESS 190 CLUB DRIVE STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH FL CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP [] Change ☐ Addition ☐ Delete TITLE T/T/ F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

nda Thompson