

BEFORE MAY 1 200.00
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
 ANNUAL REPORT
 1995



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

FILED

95 JAN 25 PM 1:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **H83826** (8)

1. Corporation Name
TRIO ELECTRIC SUPPLY COMPANY, INC.

Principal Place of Business Mailing Address
815 S. STATE ST. **815 S. STATE ST.**
P.O. BOX 1819 **P.O. BOX 1819**
JACKSON MS 39215-1819 **JACKSON MS 39215-1819**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/04/1985** 3a. Date of Last Report **01/25/1994**

4. FEI Number **64-0719097** Applied For Not Applicable

5. Certificate of Status Desired **\$6.75 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	D
NAME	IRBY, STUART C., JR.
STREET ADDRESS	815 S. STATE ST.
CITY- ST- ZIP	JACKSON MS
TITLE	DP
NAME	IRBY, STUART M.
STREET ADDRESS	815 S. STATE ST.
CITY- ST- ZIP	JACKSON MS
TITLE	D
NAME	BURRIS, T. OSCAR, JR.
STREET ADDRESS	815 S. STATE ST.
CITY- ST- ZIP	JACKSON MS
TITLE	ST
NAME	CAMPBELL, CHARLES R. III
STREET ADDRESS	% 815 S. STATE ST.
CITY- ST- ZIP	JACKSON MS
TITLE	DV
NAME	IRBY, CHARLES L.
STREET ADDRESS	815 S. STATE ST.
CITY- ST- ZIP	JACKSON MS
TITLE	V
NAME	DOTY, ALVON H., JR.
STREET ADDRESS	815 S. STATE ST.
CITY- ST- ZIP	JACKSON MS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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: **CHARLES R. CAMPBELL III**
 Charles R. Campbell III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-95

601-969811