

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Nancy B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H83826** (8)

1. Corporation Name
TRIO ELECTRIC SUPPLY COMPANY, INC.



Principal Place of Business:

815 S. STATE ST.
P.O. BOX 1819
JACKSON MS 39215-1819
US

Mailing Address:

815 S. STATE ST.
P.O. BOX 1819
JACKSON MS 39215-1819
US

2. Principal Place of Business:

2a. Mailing Address:

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified	3a. Date of Last Report
11/04/1985	01/25/1995
4. FEI Number	Applied For / Not Applicable
64-0719097	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.052 Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.002(2) and 607.15(8), 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

SIGNATURE

12. Name and Address of Registered Agent (Print Name and Address) 13. Name and Address of Registered Agent (Print Name and Address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	NAME AND ADDRESS	TYPE	NAME AND ADDRESS
D	IRBY, STUART C., JR. 815 S. STATE ST. JACKSON MS	<input type="checkbox"/> DELETE	
DP	IRBY, STUART M. 815 S. STATE ST. JACKSON MS	<input type="checkbox"/> DELETE	
D	BURRIS, T. OSCAR, JR. 815 S. STATE ST. JACKSON MS	<input type="checkbox"/> DELETE	
ST	CAMPBELL, CHARLES R. III % 815 S. STATE ST. JACKSON MS	<input type="checkbox"/> DELETE	
DV	IRBY, CHARLES L. 815 S. STATE ST. JACKSON MS	<input type="checkbox"/> DELETE	
V	DOTY, ALVON H., JR. 815 S. STATE ST. JACKSON MS	<input type="checkbox"/> DELETE	

11	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or the registered agent authorized 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 corrected from the previous filing.

SIGNATURE: *Charles R. Campbell III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-96 601-9691811
Date Filed Office

CR2E034 (12/95)