

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

FILED
Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/04/1985	3a. Date of Last Report 01/24/1996
4. FEI Number 64-0719097	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	IRBY, STUART C., JR.	
STREET ADDRESS	815 S. STATE ST.	
CITY-ST-ZIP	JACKSON MS	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	IRBY, STUART M.	
STREET ADDRESS	815 S. STATE ST.	
CITY-ST-ZIP	JACKSON MS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURRIS, T. OSCAR, JR.	
STREET ADDRESS	815 S. STATE ST.	
CITY-ST-ZIP	JACKSON MS	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CAMPBELL, CHARLES R. III	
STREET ADDRESS	% 815 S. STATE ST.	
CITY-ST-ZIP	JACKSON MS	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	IRBY, CHARLES L.	
STREET ADDRESS	815 S. STATE ST.	
CITY-ST-ZIP	JACKSON MS	
TITLE	V	<input type="checkbox"/> DELETE
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 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: Charles R. Campbell 1-14-97 601-9691811
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)