


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90125 006 ***150.00

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DOCUMENT # H83826					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 64-0719097	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		FL	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRBY, JOSEPH A		NAME	David Beard	
STREET ADDRESS	815 S. STATE ST.		STREET ADDRESS	815 South State Street	
CITY-ST-ZIP	JACKSON, MS		CITY-ST-ZIP	Jackson, MS 39201	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRBY, STUART M.		NAME		
STREET ADDRESS	815 S. STATE ST.		STREET ADDRESS		
CITY-ST-ZIP	JACKSON, MS		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURRIS, T. OSCAR, JR.		NAME		
STREET ADDRESS	815 S. STATE ST.		STREET ADDRESS		
CITY-ST-ZIP	JACKSON, MS		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, CHARLES R. III		NAME		
STREET ADDRESS	% 815 S. STATE ST.		STREET ADDRESS		
CITY-ST-ZIP	JACKSON, MS		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRBY, CHARLES L.		NAME		
STREET ADDRESS	815 S. STATE ST.		STREET ADDRESS		
CITY-ST-ZIP	JACKSON, MS		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOTY, ALVON H., JR.		NAME		
STREET ADDRESS	815 S. STATE ST.		STREET ADDRESS		
CITY-ST-ZIP	JACKSON, MS		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Charles R. Campbell ET</u>			04-12-04 601-9607247		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		