

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90649 049 \*\*\*150.00

0646824 AT

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>IRBY, JOSEPH A</b>	
STREET ADDRESS	<b>815 S. STATE ST.</b>	
CITY-ST-ZIP	<b>JACKSON MS</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>IRBY, STUART M.</b>	
STREET ADDRESS	<b>815 S. STATE ST.</b>	
CITY-ST-ZIP	<b>JACKSON MS</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BURRIS, T. OSCAR, JR.</b>	
STREET ADDRESS	<b>815 S. STATE ST.</b>	
CITY-ST-ZIP	<b>JACKSON MS</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, CHARLES R. III</b>	
STREET ADDRESS	<b>% 815 S. STATE ST.</b>	
CITY-ST-ZIP	<b>JACKSON MS</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>IRBY, CHARLES L.</b>	
STREET ADDRESS	<b>815 S. STATE ST.</b>	
CITY-ST-ZIP	<b>JACKSON MS</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DOTY, ALVON H., JR.</b>	
STREET ADDRESS	<b>815 S. STATE ST.</b>	
CITY-ST-ZIP	<b>JACKSON MS</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Charles R Campbell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-03

601-960-7247

Date Daytime Phone #

CR2E034 (10/02)