FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:36

DOCUMENT # 282024 (9)

1. Corporation Name
THOMAS ELECTRIC, INC.

Principal Place of Business	Mailing Address
802 S. FEDERAL HWY. ~~(33460)~~ LAKE WORTH FL ~~33466~~	802 S. FEDERAL HWY. ~~(33460)~~ LAKE WORTH FL ~~33466~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/03/1961
3a. Date of Last Report: 08/05/1994

2. Principal Place of Business
21 802 S Federal Highway
Suite, Apt. #, etc. 22
23 Lake Worth, Fla
Zip 33460-5052 Country
24 West Palm Beach

2a. Mailing Address
26 802 South Federal Highway
Suite, Apt. #, etc. 27
28 Lake Worth, Fla
Zip 33460-5052 Country
29 West Palm Beach 30

4. FEI Number: 59-2568854 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COLLINS, ROBERT L II
802 S. FEDERAL HWY.
LAKE WORTH FL 33460 -6052

10. Name and Address of New Registered Agent

81 Name: Collins, Robert L. II
82 Street Address (P.O. Box Number is Not Acceptable): 802 South Federal Highway
83
84 City: Lake Worth FL 85 Zip Code: 33460-5052

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: Robert L Collins II — Feb 28, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, DORIS A	1.2 NAME		
STREET ADDRESS	5970 SW 45TH ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	DPT	2.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, ROBERT	2.2 NAME		
STREET ADDRESS	802 S. FEDERAL HWY	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Robert L Collins II — 2-28-95 — 407-588-3376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0270062 CP