2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90049 039 ***150.00

DOCUMENT # 292180

1. Entity Name
GAYCO ELECTRIC CO., INC.

Principal Place of Business	Mailing Address
1870 DUNN AVENUE JACKSONVILLE, FL 32218	1870 DUNN AVENUE JACKSONVILLE, FL 32218

01122008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
11865 Industry Dr.		P. O. Box 26280	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State: Jacksonville, FL 32218		City & State: Jacksonville, FL 32226	
Zip: 32218	Country: Duval	Zip: 32226	Country: Duval

4. FEI Number: 59-1061368 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAY, JOSEPH M JR
1870 DUNN AVE.
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 11865 Industry Dr.
City: Jacksonville, FL FL Zip Code: 32218

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: [signature] Joseph M. Gay Jr. 1-23-08

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GAY, JOSEPH M JR		NAME		
STREET ADDRESS	1972 VAN SICKLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GAY, WILLIAM M.		NAME		
STREET ADDRESS	11802 INDUSTRY DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP		
TITLE	VPS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GAY, BRIAN M		NAME		
STREET ADDRESS	1972 VAN SICKLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] Joseph M. Gay Jr. 1-23-08 (904) 757-4515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #