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

APPROVED AND FILED
95 MAY -1 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 381027 (2)

1. Corporation Name
M & W ELECTRIC COMPANY, INC

Principal Place of Business	Mailing Address
111 WEST MAIN STREET PERRY FL 32347	111 WEST MAIN STREET PERRY FL 32347

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/22/1971
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 59-1362967 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WRAY, JACK D.
1205 N. SPRINGFIELD
PERRY FL 32347

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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: [signature] JACK D. WRAY 4-26-95
(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	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	WRAY, JACK D.	12 NAME	WRAY, LOVA B.
STREET ADDRESS	1205 N. SPRINGFIELD	13 STREET ADDRESS	1205 N. SPRINGFIELD
CITY ST ZIP	PERRY FL	14 CITY ST ZIP	PERRY, FL. 32347
TITLE	VD	21 TITLE	VP ☒ Change ☐ Addition
NAME	WRAY, LOVA B.	22 NAME	COOPER, MELANIE W.
STREET ADDRESS	1205 N. SPRINGFIELD	23 STREET ADDRESS	597 E. ASH ST. RT. 4 BOX 100
CITY ST ZIP	PERRY FL	24 CITY ST ZIP	PERRY, FL. 32347
TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
NAME	COOPER, MELAINE W.	32 NAME	WRAY, LOVA B.
STREET ADDRESS	RT. 4 BOX 100	33 STREET ADDRESS	1205 N. SPRINGFIELD
CITY ST ZIP	PERRY FL	34 CITY ST ZIP	PERRY, FL. 32347
TITLE	D	41 TITLE	T ☒ Change ☐ Addition
NAME	COOPER, DAVID T.	42 NAME	COOPER, MELANIE W.
STREET ADDRESS	45. 4 BOX 100	43 STREET ADDRESS	597 E. ASH ST. RT. 4 BOX 100
CITY ST ZIP	PERRY FL	44 CITY ST ZIP	PERRY, FL. 32347
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

BR 5/18

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: [signature] LOVA B. WRAY PD 4 - 26-95
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR (Date)

904-584-2322
(Daytime Phone #)

0029003 CP