

Jun 12, 2001 8:00 am  
Secretary of State

06-12-2001 90001 031 \*\*\*550.00

DOCUMENT # 396966

1. Entity Name

LEWIS AND THOMPSON ELECTRICAL SERVICE, INC.

Principal Place of Business

Mailing Address

2906 PLANT ST  
PO BOX 2463  
TALLAHASSEE FL 32304  
US2906 PLANT ST  
PO BOX 2463  
TALLAHASSEE FL 32304  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 59-1380872

Applied F

Not Applic

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, GERALD W.  
2906 PLANT STREET  
TALLAHASSEE FL 32304

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May  
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME THOMPSON, GERALD W  
STREET ADDRESS 1136 MCCOOK RD  
CITY-ST-ZIP QUINCY FL 32351TITLE ☐ Change ☐ Ad  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE V ☐ Delete  
NAME DODSON, STEVEN C.  
STREET ADDRESS 45 SAN MARCOS DRIVE  
CITY-ST-ZIP CRAWFORDVILLE FL 32327TITLE ☐ Change ☐ Ad  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ST ☐ Delete  
NAME THOMPSON, CHERYL L.  
STREET ADDRESS 1136 MCCOOK RD  
CITY-ST-ZIP QUINCY FL 32351TITLE ☐ Change ☐ Ad  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cheryl L. Thompson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/7/01 (850) 576-6