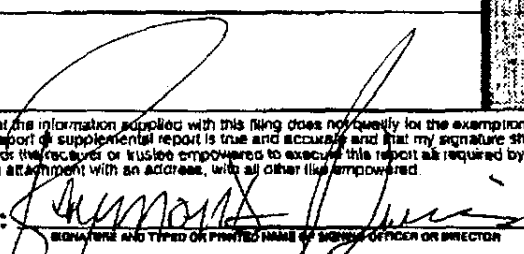


FILED
May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 410622		
1. Entity Name BIVINS ELECTRIC COMPANY		
Principal Place of Business 1004 2ND STREET SOUTH JACKSONVILLE BEACH, FL 32250		Mailing Address 1004 2ND STREET SOUTH JACKSONVILLE BEACH, FL 32250
DO NOT WRITE IN THIS SPACE		
04282004 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-1424859		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BMINS, RAYMOND G 1004 2ND STREET SOUTH JACKSONVILLE BEACH, FL 32250		DO NOT WRITE IN THIS SPACE
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee
10. OFFICERS AND DIRECTORS		11. 11/27/03 148381 17 03 44-20163-021 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PO BIVINS, RAYMOND G. 1004 2ND STREET SO. JACKSONVILLE BCH FL.	DO NOT WRITE IN THIS SPACE
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TITLE 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:  SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		4/29/04 Date Daytime Phone #