FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2004 8:00 am
Secretary of State
05-27-2004 90014 050 ***150.00

DOCUMENT # 493208

1. Entity Name
McPherson Electrical Contractors, Inc.

24077151

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
610 West Jefferson Street	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Quincy, FL	City & State: same
Zip: 32351 / Country: Gadsden	Zip: same / Country: same

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1637188 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: R.G. McPherson, SR

Street Address (P.O. Box Number is Not Acceptable):
610 West Jefferson Street

City: Quincy FL Zip Code: 32351

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 _____ DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: VP NAME: McPherson, Robert G. J STREET ADDRESS: CITY-ST-ZIP: Crawfordville FL	TITLE: NAME: STREET ADDRESS: 989 Wakulla Arran Rd CITY-ST-ZIP: Crawfordville FL 32327
TITLE: NAME: S STREET ADDRESS: McPherson, Virginia CITY-ST-ZIP: 97 Green Rd.	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Virginia M McPherson 5-1-04 850-875-1725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #