DOCUMENT # 670424         1. Entity Name         DEBERRY ELECTRIC CO., INC.         Principal Place of Business         13463 MAIN ST PO BOX 26037 (ACKSONVILLE FL 32218 US         2. Principal Place of Business         3. Malling Address         Suite, Apr. #, etc.         City & State         Zip         Country         Zip         Country         Zip         Country         Suite, Apr. #, etc.         Suite, Apr. #, etc.         City & State         Zip         Country         6. Name and Address of Current Registered Agent         AKEL, DANIEL D ONE INDEPENDENT DR. STEE, 2301 JACKSONVILLE FL 32202         GINATURE         SIGNATURE         Signary trees of registered agent         Mare boyse named entity subfilts this statement for the purpose of changing its registered office or registered agent.         SIGNATURE         Signary trees will be \$550.00         Make Check Payable to Florida Department of State         10.       OFFICERS AND DIRECTORS         11.       Mare Ackreson State         11.474 V C JOHNSON RD.       Siter Adkes State         City 5: 2P       City 5: 2P         Ititit	Mar 16, 2005 08:00 AN Secretary of State         Ist MOORE       CR2E034 (10/04)         Ist MOORE       S8.75 Additional Fee Required         Ist Moore       Secretarial Address of New Registered Agent         Ist Moore       Secretarial Address of New Registered Agent	
DEBERRY ELECTRIC CO., INC.  Principal Place of Business Tat63 MAIN ST PO BOX 26037 JACKSONVILLE FL 32218 US  2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State City & S	1st MOORE       CR2E034 (10/04)         4. FEI Number       S9-2012281         5. Certificate of Status Desired       \$8.75 Additional Fee Required         7. Name and Address of New Registered Agent	
Principal Place of Business       Mailing Address         13463 MAIN ST PO BOX 26037 JACKSONVILLE FL 32218       PO BOX 26037 JACKSONVILLE FL 32226 US         2. Principal Place of Business       3. Mailing Address         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         Zip       Country         6. Name and Address of Current Registered Agent       Name         AKEL, DANIEL D ONE INDEPENDENT DR. STE, 2301 JACKSONVILLE FL 32202       Name         3. The above named onity submits this statement for the purpose of changing its registered office or registe the obligations of registered agent.       Street Address I         SIGNATURE       Spature, types or printer num? of registered office or registe the obligations of registered agent.       ()fOTE Registered Agent spratce would Make Check Payable to Rorida Department of State         10.       OFFICERS AND DIRECTORS       11.         11L       VS       Staff Address JACKSONVILLE FL 32218         111L       VS       Staff Address JACKSONVILLE FL 32218         1114       WAK       Staff Address JACKSONVILLE FL 32218         1114       VS       Staff Address JACKSONVILLE FL 32218         1114       VS       Staff Address JACKSONVILLE FL 32218         1114       Delete       1114         NAME       Staff Address JACKSONVILLE FL	1 st MOORE       CR2E034 (10/04)         4. FEI Number       59-2012281         5. Certificate of Status Desired       \$8.75 Additional Fee Required         7. Name and Address of New Registered Agent	
13463 MAIN ST PO BOX 26037 JACKSONVILLE FL 32218       PO BOX 26037 JACKSONVILLE FL 32226 US         2. Principal Place of Business       3. Mailing Address         Suite, Apr. #, etc.       Suite, Apr. #, etc.         City & State       Chy & State         Zip       Country         6. Name and Address of Current Registered Agent       Name         AKEL, DANIEL D ONE INDEPENDENT DR. STE: 2301 JACKSONVILLE FL 32202       Name         STE: 2301 JACKSONVILLE FL 32202       City         6. The above named entity submits this statement for the purpose of changing its registered office or registe the obligations of registered agent.       Not Registered office or registered office or registered the obligations of registered agent.         SIGNATURE       Siteel Address 1       Not Registered office or registered office or registered office or registered agent.         SIGNATURE       Siteel Address 2650.00 Make Check Payable to Florida Department of State       NME         10.       OFFICERS AND DIRECTORS       11.         ITLL       DEBERRY, GERALDINE F. STRET ADDRESS 2657 NEW BERLIN ROAD       Streft ADDRESS CITY S1-2P       ITL MAKE STRET ADDRESS         ITLE       DEBERRY, DAVID ALAN       Streft ADDRESS CITY S1-2P       ITL MAKE STRET ADDRESS CITY S1-2P       ITL MAKE STRET ADDRESS CITY S1-2P         ITLE       Delete       NME STRET ADDRESS CITY S1-2P       ITL MAKE STRET ADDRESS CITY S1-2P	1 st MOORE       CR2E034 (10/04)         4. FEI Number       59-2012281         5. Certificate of Status Desired       \$8.75 Additional Fee Required         7. Name and Address of New Registered Agent	
PC BOX 26037 US       JACKSONVILLE FL 32218 US         JACKSONVILLE FL 32218 US       JACKSONVILLE FL 32226 US         Zip       Suite, Apt. #, etc.         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         Zip       Country         E. Name and Address of Current Registered Agent       Name         AKEL, DANIEL D ONE INDEPENDENT DR. STE: 2301 JACKSONVILLE FL 32202       Name         Street Address of Current Registered Agent       Name         AKEL, DANIEL D ONE INDEPENDENT DR. STE: 2301 JACKSONVILLE FL 32202       Street Address of Current Registered Agent         In the above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent.       (NOTE Registered Agent spratule register (NOTE Registered Agent spratule register         SIGNATURE       Superture, typed or oming name or registered agent and the Jappicobe the obligations of registered agent.       (NOTE Registered Agent spratule register         SIGNATURE       Superture, typed or oming name or registered agent and the Jappicobe the obligations of registered Agent spratule register       (NOTE Registered Agent spratule register         SIGNATURE       EBERRY, GERALDINE F. THE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State       Int fit Mate Mate State: Address State       Int fit Mate State: Address State         ID belet <td>1 st MOORE     CR2E034 (10/04)       4. FEI Number     59-2012281       5. Certificate of Status Desired     \$8.75 Additional Fee Required       7. Name and Address of New Registered Agent</td>	1 st MOORE     CR2E034 (10/04)       4. FEI Number     59-2012281       5. Certificate of Status Desired     \$8.75 Additional Fee Required       7. Name and Address of New Registered Agent	
Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         Zip       Country       Zip         6. Name and Address of Current Registered Agent       Name         AKEL, DANJEL D       Name         ONE INDEPENDENT DR.       Street Address         STE. 2301       JACKSONVILLE FL 32202         a. The above named onlity submits this statement for the purpose of changing its registered office or register the obligations of registered agent.         SIGNATURE       Signature, type or printer name of registered agent and the Lappicable         FILE NOW!!! FFE IS \$150.00       Make Check Payable to Florida Department of State         10.       OFFICERS AND DIRECTORS       11.         INLL       VS       Delete         UILE       PT       City 'S State         STRET ADDRESS       2657 NEW BERLIN ROAD       STRET ADDRESS         STRET ADRESS       City 'S State       City 'S State         ITLE       DEBERRY, DAVID ALAN       STRET ADRESS       STRET ADRESS         STRET ADRESS       City 'S State       City 'S State         ITLE       Delete       ITLE         ITLE       Delete       ITLE         NACKSONVILLE FL 32218       City 'S State         STRET ADRESS       City 'S S	1 st MOORE     CR2E034 (10/04)       4. FEI Number     59-2012281       5. Certificate of Status Desired     \$8.75 Additional Fee Required       7. Name and Address of New Registered Agent	
City & State       City & State         Zip       Country       Zip       Country         6. Name and Address of Current Registered Agent       Name         AKEL, DANIEL D ONE INDEPENDENT DR. STE: 2301       Street Address         STE: 2301       JACKSONVILLE FL 32202       City         4. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.       Street Address         SIGNATURE       Sensure, types or printed name of registered agent and tide J applicable       (NOTE Registered Agent spirature registered office or registered office or registered agent spirature registered Agent	4. FEI Number       59-2012281       Applied For         5. Certificate of Status Desired       \$8.75       Additional         Fee Required       Fee Required         7. Name and Address of New Registered Agent	
Zip       Country       Zip       Country         6. Name and Address of Current Registered Agent       Name         AKEL, DANIEL D       Name         ONE INDEPENDENT DR.       Street Address         STE. 2301       JACKSONVILLE FL 32202         City       City         a. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent.       (NOTE Registered Agent sphature require the obligations of registered agent.         SIGNATURE       Signature, typed or purpler number of registered agent and the J applicable       (NOTE Registered Agent sphature require the obligations of pregistered agent.         SIGNATURE       Signature, typed or purpler number of registered agent and the J applicable       (NOTE Registered Agent sphature require the obligations of pregistered agent.         SIGNATURE       Signature, typed or purpler number of registered agent and the J applicable       (NOTE Registered Agent sphature require the obligations of pregistered agent agent and the J applicable         FILE NOW!!!       FEE IS \$150.00       Make Check Payable to Florida Department of State       International the J applicable         INL       VS       International the J applicable       International the J applicable       International the J applicable         INLE       VS       JACKSONVILLE FL       Delete       Internapplicable       Internate	59-2012281     Not Applicable       5. Certificate of Status Desired     \$8.75 Additional Fee Required       7. Name and Address of New Registered Agent	
C. Name and Address of Current Registered Agent     Name     AKEL, DANIEL D     ONE INDEPENDENT DR.     STE: 2301     JACKSONVILLE FL 32202     City      The above named entity submits this statement for the purpose of changing its registered office or registe     the obligations of registered agent.     SIGNATURE     Signaure, types or princes registered agent and tide / applicable     (NOTE Registered Agent sprature incide	S. Certificate of Status Desired     Second Status     Second Status     Second Status     Second Status     Second S	
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AKEL, DANIEL D ONE INDEPENDENT DR. STEL 2301 JACKSONVILLE FL 32202     Street Address in Street Address in City       I. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent.     (NOTE Registered agent agent and the it applicable (NOTE Registered Agent spherule legistered sequences)       INGNATURE     Sequence or printed name of registered agent.     (NOTE Registered Agent spherule legistered sequences)       INGNATURE     FILE NOW!!! FEE IS \$150,000 After May 1, 2005 Fee Will be \$550,000 Make Check Payable to Florida Department of State     11.       0.     OFFICERS AND DIRECTORS     11.       IILL     VS     Delete       0.     OFFICERS AND DIRECTORS     11.       IILL     VS     Delete       MAKE     DEBERRY, GERALDINE F.     SHIFT ADDRESS       ITY S1-2P     JACKSONVILLE FL     III fl       IILE     Delete     III fl       MAKE     Delete     III fl       IILE     Delete     III fl       MAKE     SHEFT ADDRESS     CHY S1-2P       IILE     ACKSONVILLE FL 32218     CHY S1-2P       IILE     III balete     III fl       MAKE     SHEFT ADDRESS     CHY S1-2P       IIILE     III balete     IIII fl       MAKE     IIIE ADDRESS     CHY S1-2P       IIILE     IIIE <td< td=""><td></td></td<>		
ONE INDEPENDENT DR. STE, 2301 JACKSONVILLE FL 32202     Street Address i       I. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent.     City       SIGNATURE	.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32202         City         Signature, typed or particle rame of registered agent and late / appicable         (NOTE Registered Agent signature rapide         Signature, typed or particle rame of registered agent and late / appicable         NOTE Registered Agent signature rapide         After May 1, 2005 Fee Will Be \$550.00         Make Check Payable to Florida Department of State         0         OFFICERS AND DIRECTORS         11.         Inte         Address Not Direct Registered Agent signature rapide         INTE         DEBERRY, GERALDINE F.         RET ADDRESS         INTE         Delete         INTE         DEBERRY, DAVID ALAN         INTE         DELE NOTES	i	
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and life if applicable  FILE NOW!!! FEE IS \$150,00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  0.  OFFICERS AND DIRECTORS  11.  ULL  VS  DEBERRY, GERALDINE F.  IRRET ADDRESS 2657 NEW BERLIN ROAD  ITV: S1-2IP JACKSONVILLE FL  DEBERRY, DAVID ALAN  INE  DEBERRY, DAVID ALAN  INE  DEBERRY, DAVID ALAN  INE  DEBERRY, DAVID ALAN  INE  AAME SIRET ADDRESS ITV: S1-2IP JACKSONVILLE FL 32218  ITUE  MME IRREL ADDRESS ITV: S1-2IP  ITLE  MME IRREL ADDRESS ITV: S1-2IP  ITLE IDEBER ITUE ITUE IDEBER ITUE ITUE ITUE ITUE ITUE ITUE ITUE ITUE	FL Zip Code	
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Signature, types or printed name of registered agent and tide if applicable       (NDTE Registered Agent signature require         FILE NOW!!! FEE IS \$150.00         After May 1, 2005 Fee Will Be \$550.00         Make Check Payable to Florida Department of State       11.         O.       OFFICERS AND DIRECTORS       11.         IILE       VS       III.         Make       Delete       III.         IILE       VS       III.         AME       Delete       III.         NAME       Delete       III.         AME       Delete       III.         MAKE       Delete       III.         MAKE       Delete       III.E         ACKSONVILLE FL       Delete       III.E         AME       Delete       III.E         MAKE       SIBET ADDRESS         III.E       Delete       III.E         MAKE       SIBET ADDRESS         III.E <td></td>		
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NAME NAME	Change Addition	
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L hereby certify that the information supplied with this filing does not qualify for the exemption stated in S	Change Addition	
A reference of the more more applied with this mind does not qualify on the execution stated in 3 indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60.	stion 1/9 07/3//i) Florida Statutes 1 further certify that the information	
changed, or on an attachment with an address, with all other like empowered	ction 1 19.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath, that I am an officer or director	