

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

1664094 AB

DOCUMENT # 849489		Secretary of State	
1. Entity Name PAYCO ELECTRIC CO., INC.		04-23-2003 90114 020 ***150.00	
Principal Place of Business P.O. BOX 1147 SYLCAUGA AL 35150		Mailing Address P.O. BOX 1147 SYLCAUGA AL 35150	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 63-0496780		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUTCHINSON, GEORGE 6669 RIVO ALTO ORLANDO FL FL		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
HUTCHINSON, JOHN L. 189 LYNNWOOD ROAD SYLCAUGA AL			
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
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: _____ DATE: 4/22/03 (256) 245-2272			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			