APR. 28. 2003 10:44AM CORPORATIONS

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90965 044 ***150.00

DOCUMENT # F00000007236

1. Entity Name
Rural Electronics Mississippi, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1980 N. ATLANTIC AVE.	1980 N. ATLANTIC AVE
Suite, Apt. #, etc.: Suite 131	Suite, Apt. #, etc.: STE 131
City & State: Cocoa Beach, FL	City & State: Cocoa Beach, FL
Zip: 32931 Country: USA	Zip: 32931 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0854725 ☐ 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: Shelby J. Maguire

Street Address (P.O. Box Number is Not Acceptable): 812 MOHAWK AVE.

City: Melbourne FL Zip Code: 32935

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: Shelby Maguire
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Kendrick E. Reid II President Director 240 Bonnie ct Satellite Beach, FL 32937
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Director Shelby J. Maguire 812 Mohawk Ave. Melbourne, FL 32935
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Director Corinne F. Watkins 29730 Julius Blvd Westland, MI 48186
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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: [signature] 4-28-03 321 783 1556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #