2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F22431 May 10, 2001 8:00 am Secretary of State 1. Entity Name DESTIN ELECTRICAL SERVICE, INC. 05-10-2001 90043 010 ***150.00 Principal Place of Business Mailing Address 806 MELISSA CT. 806 MELISSA CT. FT WALTON BCH FL 32547-3571 FT WALTON BCH FL 32547-3571 3. Mailing Address 2. Principal Place of Business HORSE LA 5212 WORKING HOISE LAW 5212 WOLKING Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2167002 AKER Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired DE ALDOS A DEALDSA Fee Required 32531 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAY, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 806 MELISSA CT FORT WALTON BEACH FL 32548 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. (NOTE: Registered Agent signature required when reinstating) ent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete DAY, RICHARD W NAME 5212 WOLKING HORSE LANG STREET ADDRESS 806 MELISSA CT CITY-ST-ZIP FT WALTON BCH, FL 00000 ☐ Addition Change □ Delete TITLE DAY, RICHARD W NAME STREET ADDRESS 806 MELISSA CT CITY-ST-ZIP

TITLE NAME STREET ADDRESS BAKER, PL. 32531 SZIZ WORKING HOISE LAND BAKER, PC. 32531 CITY-ST-ZIP TITLE NAME STREET ADDRESS FT WALTON BCH, FL 00000 CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

If W. A RICHARD W. DAY

4/26/2001

850-585-2028

Daytime Phone #