

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90131 048 ***150.00

DOCUMENT # H83826

1. Entity Name

TRIO ELECTRIC SUPPLY COMPANY, INC.

Principal Place of Business

815 S. STATE ST.
P.O. BOX 1819
JACKSON MS 39215-1819
US

Mailing Address

815 S. STATE ST.
P.O. BOX 1819
JACKSON MS 39215-1819
US

A0019453

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

64-0719097

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5
Added

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
IRBY, JOSEPH A
815 S. STATE ST.
JACKSON MS ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
IRBY, STUART M.
815 S. STATE ST.
JACKSON MS ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURRIS, T. OSCAR, JR.
815 S. STATE ST.
JACKSON MS ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
CAMPBELL, CHARLES R. III
% 815 S. STATE ST.
JACKSON MS ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
IRBY, CHARLES L.
815 S. STATE ST.
JACKSON MS ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DOTY, ALVON H., JR.
815 S. STATE ST.
JACKSON MS ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change

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

SIGNATURE:

SIGNATURE REQUIRED
Charles R. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00

601-91

Date

Signature