

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90649 049 ***150.00

0646824 AT

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
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 64-0719097	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: Charles R Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-03 601-960-7247
Date Daytime Phone #

CR2E034 (10/02)