FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

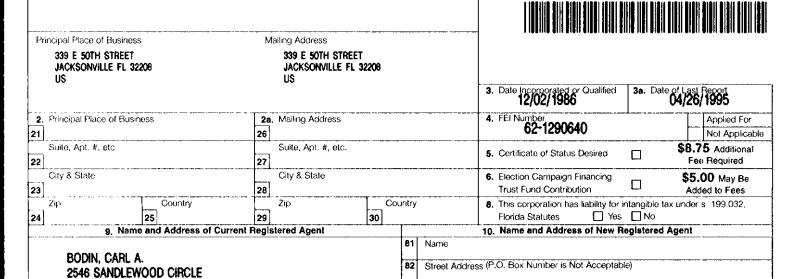
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DOCUMENT #

(8)

1. Corporation Name BODIN ELECTRIC, INC.

ORANGE PARK FL 32065



11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.

83 84 City

SIGNATURE.						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature re-prined when reinstating) DATE						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TIILE	DP	DELETE	1. 1 TITLE	□ CI	nange 🔲 Addition	
NAME	BODIN, CARL		1.2 NAME			
STREET ADDRESS	2546 SANDALWOOD CIRCLE		1.3 STREET ADDRESS		ļ	
C(TY - S1 - Z(P	ORANGE PARK FL		1.4 CiTY-ST-ZiP			
TITLE	KOENIG, WILLIAM D. 709-A TALLEYRAND AVENUE	☐ DELETE	2.1 TITLE	⊠ CI	hange 🔲 Addition	
NAME			2 2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	11950 Harbour Cove Rd. S. Jacksonville, FL 32225	ş.	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 3222	э 	
THILE	ST	DELETE	3. 1 TITLE	Ci	hange 🔲 Addition	
NAME	HIGBEE, SUSAN L. 3538 RAIN FOREST DR. W.		3.2 NAME			
STREET ADDRESS			3.3. STREET ADDRESS		,	
CITY-ST-ZIP	JACKSONVILLE FL		3 4 CITY-ST-ZIP			
TILLE		DELETE	4. 1 TITLE	CI	hange 🔲 Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4 4 CITY-ST-ZIP			
TITLE		DELETE	5 1 THLE	O	hange 🔲 Addition	
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY-ST-ZIP			
TITL É		DELETE	6 1 TITLE	<u> </u>	nange 🔲 Addition	
NAME			6.2 NAME		ļ	
STREET ADDRESS			6.3 STREET ADDRESS		1	
C-TY-ST-ZIP			6 4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 or on an attachment with an address.
Susan L. Higbee
Secretary/Treasurer

SIGNATURE

Zip Code