TITLE

NAME

STREET ADDRESS

indicated on this annual officer or director of the Block 12 or Block 13 if

SIGNATURE:

CITY-ST-ZIP

## FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 29 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5)J49318 FLORIDA ELECTRIC SUPPLY, INC. Principal Place of Business Mailing Address 5408 N. 59TH STREET 5408 N. 59TH STREET TAMPA FL 33610 TAMPA FL 33610 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/29/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 61366 PO BOX 21 10301 FISHER 26 59-2809427 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing FL TAMPA BRANOW П 23 28 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 33509 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JEFFERSON, NELSON -5408 N. 59TH-STREET Street Address (P.O. Box Number is Not Acceptable) \_TAMPA FL 33610-FISHER 83 Zip Code 336 19 84 FL TAMPA Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of 18-98 Delson SIGNATURE DATE 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME JEFFERSON.NELSON 1.2 NAME 2320 S GALLAGHER RD STREET ADDRESS 1.3 STREET ADDRESS DOVER FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE WHITWAM, JACK C. NAME 2.2 NAME **524 LUCERN AVE** STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City-St-Zip 5.4 CITY-ST-ZIP

DELETE

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 607 Florida Statutes; and that my name appears in

CR2E034

Change

813-621-9649

Addition