RE AND TYPED OR PRINTED NAME O

SIGNING DEFICER OR DIRECTOR

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90409 001 ***150.00

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DOCUMENT # P03000120728 GOMILLION ELECTRIC & CONSTRUCTION, INC. Principal Place of Business Mailing Address 824 STEELE CHURCH RD. 824 STEELE CHURCH RD. 14014000 DEFUNIAK SPGS, FL 32435 US DEFUNIAK SPGS, FL 32435 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 CR2E034 (10/03) City & State City & State Applied For 59-3302020 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOMILLION, LARRY R Street Address (P.O. Box Number is Not Acceptable) 824 STEELE CHURCH RD DEFUNIAK SPGS, FL 32435 City 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, typed or printed name of registered agent and little it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change Addition TITLE GOMILLION, LARRY R NAME NAME 824 STEELE CHURCH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPGS, FL 32435 CITY-ST-ZIP SEC Delete TITLE Change Addition THE GOMILLION, JENNY NAME NAME 824 STEELE CHURCH RD. STREET ADDRESS STREET ADDRESS DEFUNIAK SPGS, FL 32435 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Addition Detete TITLE ☐ Change TITLE RAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 deport 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 empowereath, execute this report as fedure in Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmer