2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000130464

Entity Name: JAMES E. SIMMONS ELECTRIC CO., INC

FILED Oct 10, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1280 ANDREA LANE
CANTONMENT, FL 32533 US
2443 BROOKWOOD PLACE
CANTONMENT, FL 32533 US
CANTONMENT, FL 32533 US

Current Mailing Address: New Mailing Address:

1280 ANDREA LANE
CANTONMENT, FL 32533 US
2443 BROOKWOOD PLACE
CANTONMENT, FL 32533 US
CANTONMENT, FL 32533 US

FEI Number: 59-3427230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIMMONS, JAMES E
1280 ANDREA LANE
CANTONMENT, FL 32533 US
SIMMONS, JAMES E
2443 BROOKWOOD PLACE
CANTONMENT, FL 32533 US
CANTONMENT, FL 32533 US

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: JAMES E SIMMONS 10/10/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: SIMMONS, JAMES E SIMMONS, JAMES E

Address: 1280 ANDREA LANE Address: 2443 BROOKWOOD PLACE
City-St-Zip: CANTONMENT, FL 32533 US City-St-Zip: CANTONMENT, FL 32533 US

Title: VP () Delete Title: () Change () Addition

 Name:
 BYRD, SAM E
 Name:

 Address:
 5676 VENTURA LANE
 Address:

 City-St-Zip:
 PENSACOLA, FL 32526 US
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 SIMMONS, FRANCIS T III
 Name:

 Address:
 5900 WEST NINE MILE RD
 Address:

 City-St-Zip:
 PENSACOLA, FL 32526 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E SIMMONS PRES 10/10/2005