			ORT (	UBR)			LED	
DOCUMENT # P93000041115 1. Entity Name EXUM ELECTRIC, INC.					Apr 14, 2000 8:00 am Secretary of State			
Principal Plac	e of Business	Mailing Address				04-14-2000 90	107 039 ***15	0.00
3413-1 SOUTHSIDE BLVD. JACKSONVILLE FL 32216 US		3413-1 SOUTHSIDE BLVD. JACKSONVILLE FL 32216 US						
2. Principal Place of Business		3. Mailing Address			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State			4. FEI Number	59-3184826		pplied For ot Applicable
Zip Country		Zip Country		,	5. Certificate of	Status Desired	<b>\$8.75</b> Ad Fee Require	ditional
	6. Name and Address of Current F	Registered Agent		Name	7. Name and Ac	dress of New Regi	stered Agent	
EXUM, REGINALD W. 3413-1. SOUTHSIDE BLVD. JACKSONVILLE FL 32216				Street Address (P.O. Box Number is Not Acceptable)				
			Ľ					
			Γ	City	FL Zip Code			
	named entity submits this statement for	the purpose of changing its	registered	office or registere	ed agent, or both, i	n the State of Florida	1.	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered A	gent signature required	when reinstating)		DATE	
				ill be \$550.00	Trust	on Campaign Financ Fund Contribution.		DO May Be d to Fees
11.	OFFICERS AND I		12.		ADDITIONS/CH	IANGES TO OFFICE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EXUM, REGINALD W 3413-1 SOUTHSIDE BLVD JACKSONVILLE FL	Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LINDBLOOM, KARL R 4566 BELFORT ROAD JACKSONVILLE FL 32216	Delete	TITLE NAME STREET	ADDRESS T- ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EXUM, ROBIN 3413-1 SOUTHSIDE BLVD. JACKSONVILLE FL	Delete	TITLE NAME STREET	ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDBLOOM, KARL R 4566 BELFORT ROAD JACKSONVILLE FL 32216	Delate	TITLE NAME STREET	ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delate	TITLE NAME STREET CITY-ST	ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Delate	TITLE	ADDRESS			Change	Addition
indicated	Certify that the information supplied with on this report or supplemental report is poration or the receiver overustee empo- or on an attachment with an address, w FURE:	true and accurate and that r	ny signatur as required	e shall have the s d by Chapter 607.	ame legal effect as	s if made under oath	r that I am an officei	r or director

SIGNATURI	Ξ: _
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04//0100\_\_\_\_\_ Date

909)696-9917 Daytime Phone # -