FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/08/95--01048--006
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000054954 (1)

1. Corporation Name
FOWLER ELECTRIC COMPANY, INCORPORATED

Principal Place of Business
35 HIGHWAY 90 WEST
HOLT FL 32564

Mailing Address
35 HIGHWAY 90 WEST
HOLT FL 32564

3. Date Incorporated or Qualified: 08/05/1993
3a. Date of Last Report: 07/06/1994

4. FEI Number: 59-3225297 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 County — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LOWERY, CARLA
35 HIGHWAY 90 WEST
HOLT FL 32564

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOWERY, CARLA D
STREET ADDRESS	35 HIGHWAY 90 WEST
CITY ST ZIP	HOLT FL 32564
TITLE	D
NAME	FOWLER, GLEN S
STREET ADDRESS	P.O. BOX 172 N/A
CITY ST ZIP	HOLT FL 32564
TITLE	D
NAME	FOWLER, MYRTLE E
STREET ADDRESS	35 HIGHWAY 90 WEST
CITY ST ZIP	HOLT FL 32564
TITLE	D
NAME	FOWLER,C.B.
STREET ADDRESS	35 HIGHWAY 90 WEST
CITY ST ZIP	~~HOLT, FL. 32564~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	S/T/D	☒ Change ☐ Addition
1 NAME	LOWERY, CARLA D.	
1 STREET ADDRESS		
1 CITY ST ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY ST ZIP		
3 TITLE	V/D	☒ Change ☐ Addition
3 NAME	FOWLER, MYRTLE E.	
3 STREET ADDRESS		
3 CITY ST ZIP		
4 TITLE	P/D	☐ Change ☒ Addition
4 NAME	FOWLER, C.B.	
4 STREET ADDRESS		
4 CITY ST ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS	5/1/95 MST	
5 CITY ST ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C.B. FOWLER/PRESIDENT (904)537-3707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0471461 FP