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CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2002 8:00 am P93000060211 DOCUMENT # Secretary of State 1. Entity Name 02-27-2002 90048 039 ***150.00 RAYCO AUTO ELECTRIC INC. Principal Place of Business Mailing Address 8675 N. PALAFOX STREET 8675 N. PALAFOX STREET DUDOTIAN PENSACOLA FL PENSACOLA FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3200279 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TURNER, JAMES R SR. Street Address (P.O. Box Number is Not Acceptable) 827 N. 65TH AVENUE PESACOLA FL 32506 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE Change ☐ Addition TURNER, JAMES R NAME NAME STREET ADDRESS 827 N. 65TH AVE STREET ADDRESS PENSACOLA FL 32504 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Defete TITLE ☐ Addition PRICE, KEVIN A NAME NAME 4745 LIVEOAK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PACE FL 32571 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BROADHEAD, HOWARD MICHAEL NAME NAME 413 BUNKER HILL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: