FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Jun 11 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1**9**98 DIVISION OF CORPORATIONS DOCUMENT # P93000080699 (0) **GRIFFITH ELECTRICAL CONSULTING INC.** Principal Place of Business Mailing Address K RICHARD D. GRIFFITH % RICHARD D. GRIFFITH 10909 TYSON RD 10909 TYSON RD ORLANDO FL 32832 ORLANDO FL 32832 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/17/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3212326 Not Applicable Suite, Apt #. etc Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζιp Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRIFFITH, RICHARD D **10909 TYSON RD** 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32832 83 84 City Zip Code 85 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 (NOTE Registered Agent signature required when reinstating) Signature, typest or peolest name of regezoned agent and title it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITI F DELETE 11 TO F GRIFFITH ELIZBETH A NAME 1.2 NAME 10909 TYSON RD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY - ST - ZIP 14 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE Addition TITLE 3.1 T(TLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7IP 5.4 CITY - \$1 - ZIP

14. Thereby 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 amount 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 of 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 il changed

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

28 MAY 98.

107-380-6866

Change

Addition