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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000025445 (4)

J.D. "BUCK" INGRAM ELECTRIC COMPANY, INC.

Principal Place of Business Mailing Address 4522 N DAVIS HWY 4522 N DAVIS HWY PENSACOLA FL 32503 PENSACOLA FL 32503

## **FILED** Jan 21 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3320403 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 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 INGRAM, TRACI D 4591 BOHEMIA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32504 83 24 City 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 lamiliar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE \_PRESIDENT: ired Agent signature required when reinstating; registered agent and title if applicab 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition INGRAM, TRACI D NAME 1.2 NAME 4591 BOHEMIA DRIVE STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 32504 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 2.1 TITLE MCLEMORE, MICHAEL B. NAME 2.2 NAME 219 W. SUNSET AVE. STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4, CITY-ST-ZIP DELETE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition 5.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not goalfy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report of 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 tubictee employered 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 adoless.

SIGNATURE:

NAZIREZ QUIFTEE D. Ingram

01/09/98

850-433-8266

(10/97