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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000025445**1. Corporation Name

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

| | • | | | | | | | |
|--|--|---|--|--|----------------------|---|----------------------|----------------|
| Principal Plac | ce of Business | Mailing Address | | | • | | JIN 1200 ALCII 820CI | BIMMI Rin IMML |
| 4522 N DAVIS HWY PENSACOLA FL 32503 US 4522 N DAVIS HWY PENSACOLA FL 32503 US US | | | | | DO NOT WRITE IN T | HIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualifed 03/30/1995 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | Ar | plied For |
| 21 | | 26 | | | | 59-3320403 | No | t Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | \$8.75 | Additional |
| 22 | | 27 | | | | or controdic or charas besided | Fee Re | equired |
| City & Sta | ate | City & State | | | | 6. Election Campaign Financing | | May Be |
| 23 | 0 | 28 | C | | | Trust Fund Contribution | Added | to Fees |
| Zip | Country Zip 25 29 30 | | 30 | Country | | This corporation owes the current year Personal Property Tax. | Intangible Yes | □No. |
| 24 25 29 9. Name and Address of Current Registered Agent | | | [30] | | | 10. Name and Address of New Register | | |
| | | | | 81 | Name | • | | |
| ingi | RAM, TRACI D | a final and a | | 20 | 0: : 4.11 | (D.C. D. N. of the New Yorks) | | |
| 4591 BOHEMIA DRIVE | | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| PEN | ISACOLA FL 32504 | | | 83 | | · (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | |
| | | | | 84 | City | | 85 Zip | Code |
| owen raws of | | 4610 | | 04 | City | F | L 83 26 | Code |
| 11. Pursuant | t to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statut | es, the al | pove | e-named corp | oration submits this statement for the purpose | of changing its | registered |
| agent. I | registered agent, or both in the State am familiar with, and acceptance obliga | tions of, Section 607.0505, Flo | rida Statu | ites. | ine corporation | oration submits this statement for the purpose on's board of directors. I hereby accept the ap | poinunent as re | gistered |
| SIGNATURE | ///m/////// | | | | | | | |
| / | Signatule, typed or printed name of registered agei | | | Agent | t signature required | d when reinstating) DATE | AND DIDECT | NDC IN 42 |
| 12. L | OFFICERS AN | ID DIRECTORS | 13. 1.1 Ⅲ | 1 = | | ADDITIONS/CHANGES TO OFFICERS | Change | Addition |
| NAME | INGRAM, TRACI D | | 1.2 NA | | | | | |
| STREET ADDRESS | ASSA BOUTHIA DODGE | | | | ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA FL 32504 | • | 1.4 CT | | i i | | | |
| TITLE | VD | ☐ DELETE | 2.1 111 | | | | ☐ Change | ☐ Addition |
| NAME | MCLEMORE, MICHAEL B. | | 2.2 NA | ME | | | • | |
| STREET ADDRESS | A4A M. OUNIOET AND | | 2.3 ST | REET | ADDRESS | • | | |
| CITY-ST-ZIP | PENSACOLA FL | 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - | 2. 4 CI | TY-S1 | T-ZIP | • | | ` |
| TITLE 16/10/1 | n dau motor in | ☐ DELETE | 3.1 TIT | | | • | ☐ Change | ☐ Addition |
| NAME : | ing in the second | | 3.2 NA | ME | | | | |
| STREET ADDRESS | | · | 3.3 ST | REET | ADDRESS | 16:55 Inch! | on still time | 76 66 37 |
| CITY-ST-ZIP | Carrier State Control | | 3.4. CI | TY-S | T- ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 गग | | | 2700 A 2010 11 11 11 11 11 11 11 11 11 11 11 11 | ☐ Change | Addition |
| NAME ALOND | ··· | | E 4 2 N/4 | ME. | | | | , 1 |
| STREET ADDRESS | 5 (1) (1) | <i>4</i> | 1 | | I | | | 1 |
| CITY-ST-ZIP | 1 | | 4.3 ST | | ADDRESS | | | |
| | | | 4.3 ST 4.4 CI | Y-ST | | | Change | Addition |
| TITLE | | ☐ DELETE | 4.3 ST 4.4 CD 5.1 TIT | IY-ST LE | | | ☐ Change | ☐ Addition |
| NAME | | | 4.3 ST 4.4 CII 5.1 TIT 5.2 NA | TY-ST LE ME | r-ZIP | | Change | ☐ Addition |
| NAME STREET ADDRESS | Ũ | | 4.3 STI 4.4 CII 5.1 TII 5.2 NA 5.3 STI | IY-ST LE ME REET | T-ZIP | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | 1994, 1994, 1994, 1994, 1994 | ☐ DELETE | 4.3 ST 4.4 CII 5.1 TIT 5.2 NA | IY-ST LE ME REET IY-ST | T-ZIP | | | |
| NAME STREET ADDRESS | U | | 4.3 ST 4.4 CH 5.1 TH 5.2 NA 5.3 ST 5.4 CH | IY-ST LE ME REET IY-ST LE | T-ZIP | | ☐ Change | Addition |

14. I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), 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 conforation or the receiver of 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 attagorytent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

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FILED

Feb 01, 1999 8:00am

Secretary of State

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