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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014969 (5)

WEST FLORIDA ELECTRIC SERVICE, INC.

FILED May 28 1998 8:00am Secretary of State

Mailing Address Principal Place of Business 2018 MATHISON ROAD 2018 MATHISON ROAD **CANTONMENT FL 32533** CANTONMENT FL 32533 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/14/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3367187 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DAVIS, MILES ESQ. Name 25 WEST CEDAR STREET 4TH FLOOR 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 84 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. Familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 100 ___ Addition COTTON, PATRICK A NAME 1.2 NAME 2018 MATHISON RD STREET ADDRESS 1.3 STREET ADDRESS **CANTONMENT FL** CITY-\$1-ZIP 1.4 City-St-Zip DELETE Change Addition TITLE 2.1 TITLE COTTON, ARTHUR W JR NAME 2.2 NAME 1808 KINGSTREE DR STREET ADDRESS 23 STREET ADDRESS CANTONMENT FL CITY-ST-ZIP 2.4 City-St-ZiP DELETE Addition TITLE 3.1 TITLE ☐ Change COTTON, PATRICK A 3.2 NAME 2018 MATHISON RD STREET ADDRESS 3.3 STREET ADDRESS **CANTONMENT FL** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 CITY-ST-ZIP DELETE Change 51 TITLE Addition TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - 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 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 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 if chapter 607 or on a place timent with rame differs.