2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P96000014969 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** WEST FLORIDA ELECTRIC SERVICE, INC. 03-03-2000 90115 039 ***150.00 Principal Place of Business Mailing Address 2018 MATHISON ROAD 2018 MATHISON ROAD CANTONMENT FL 32533 CANTONMENT FL 32533-4720 2. Principal Place of Business 3. Mailing Address 1808 KINGSTREE DR. 1808 KINGSTREE DR. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3367187 ANTONMENT. ANTONMENT Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVIS, MILES ESQ. Street Address (P.O. Box Number is Not Acceptable) 25 WEST CEDAR STREET 4TH FLOOR PENSACOLA FL 32501 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition TITLE ☐ Change TITLE Delete NAME COTTON, PATRICK A STREET ADDRESS STREET ADDRESS 2018 MATHISON RD CITY-ST-ZIP CITY-ST-ZIP CANTONMENT FL PRESIDENT, SEC. TREAS. Addition Change TITLE TITLE ☐ Detete NAME NAME COTTON, ARTHUR W JR STREET-ADDRESS STREET ADDRESS 1808 KINGSTREE DR CITY-ST-ZIP CITY-ST-ZIP CANTONMENT FL Change ☐ Addition TITLE Delete TITLE NAME NAME COTTON, PATRICK A STREET ADDRESS STREET ADDRESS 2018 MATHISON RD CITY-ST-ZIP CITY-ST-ZIP CANTONMENT FL TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE

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.

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

within- W. Catton Jr. 2-16-00 FSO 968-1332

☐ Change

Addition