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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084364 (4)

1. Corporation Name
SINNS & THOMAS ELECTRICAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
335 E CHURCH AVE LONGWOOD FL 32750	335 E CHURCH AVE LONGWOOD FL 32750-4274

2. Principal Place of Business	2a. Mailing Address
21 1002 SECOND PLACE	26 1002 SECOND PLACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LONGWOOD FL	City & State 28 LONGWOOD FL
Zip 24 32750 Country 25	Zip 29 32750 Country 30

3. Date Incorporated or Qualified: 10/10/1996
3a. Date of Last Report: NA
4. FEI Number: 59-3404584 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SINNS, ERIC D
335 E CHURCH AVE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: ERIC D. SINNS
82 Street Address (P.O. Box Number is Not Acceptable): 1002 2ND PLACE
83
84 City: LONGWOOD FL 85 Zip Code: 32750

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 [signature] ERIC D SINNS — DATE 1-11-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SINNS, ERIC D	
STREET ADDRESS	335 E CHURCH AVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	☐ DELETE
NAME	THOMAS, WILLIAM B	
STREET ADDRESS	7190 N US 1 APT 201	
CITY-ST-ZIP	PT ST JOHN FL 32927	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	☒ Change ☐ Addition
1.2 NAME	~~[illegible]~~ SINNS, ERIC D	
1.3 STREET ADDRESS	1002 SECOND PLACE	
1.4 CITY-ST-ZIP	LONGWOOD FL 32750	
2.1 TITLE	VSD	☒ Change ☐ Addition
2.2 NAME	THOMAS, WILLIAM B	
2.3 STREET ADDRESS	7190 N US 1, APT 201	
2.4 CITY-ST-ZIP	PT ST JOHN FL 32927	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	100002067201	☐ Change ☐ Addition
5.2 NAME	-01/24/97--01014--023	
5.3 STREET ADDRESS	***165.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	100002067201	
6.3 STREET ADDRESS	-01/24/97--01014--024	
6.4 CITY-ST-ZIP	***8.75	

CR2E034 (9/96)

14. I do 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 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 or 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 changed, or on an attachment with an address.

SIGNATURE: [signature] 1-7-97 407/767-5993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #