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

FILED PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra BJ Mortham Jun 03 1998 8:00 am ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000040311 (7) DAVE CAPPS ELECTRIC INC Principal Place of Business Mailing Address 6928 WOOD PLACE 6928 WOOD PLACE PANAMA CITY FL 32404 PANAMA CITY FL 32404 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/06/1997 2. Principal Place of Business 21 6928 WOD Applied For Not Applicable \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution Added to Fees 23 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30, ∏ No 29 10. Name and Address of New Registered Agent 81 Name CAPPS, DAVE 6928 WOOD PLACE 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32404 83 84 City 85 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 lapitility with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition DELETE TITLE 1.5 TITLE NAME 1.2 NAME CR2E034 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - 7IP CITY - ST - 20F TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-ST-ZIP 3.4. CITY - \$1 - 7IP DELETE Change Addition TITLE 4.1 TiTLE 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-2IP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY - ST - ZIP 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 supplied ental 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 changed, or on an attachment with an address.

and 5

85 57X 5-96/A

2/5/00