FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2002 8:00 am P98000051137 DOCUMENT # Secretary of State 02-10-2002 90055 024 ***150.00 TERRELL ELECTRICAL SERVICES, INC. Principal Place of Business Mailing Address 4511 BRUTON ROAD 4511 BRUTON ROAD PLANT CITY FL 33565 PLANT CITY FL 33565 2. Principal Place of Business 3. Mailing Address Suite Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3517676 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TERRELL: KİMBERLY-J Street Address (P.O. Box Number is Not Acceptable) 4511 BRUTON ROAD PLANT CITY FL 33565 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE TERRELL, GEORGE L NAME NAME 4511 BRUTON ROAD STREET ADDRESS STREET ADDRESS PLANT CITY FL 33565 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME TERRELL. KIMBERLY J NAME 4511 BRUTON ROAD STREET ADDRESS STREET ADDRESS PLANT CITY FL 33565 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE TERRELL, GEORGE L II NAME NAME **4511 BRUTON ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST-ZIP PLANT-CITY FL 33565 ☐ Delete TITLE Change ☐ Addition TITLE TERRELL, CLINTON L NAME NAME **4511 BRUTON ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33565 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

SHEMWAYE TREADURED

1/22/02 154-8595