

SIGNATURE:

DOCUMENT # P9900058366 May 17, 2000 8:00 am Secretary of State 1. Entity Name HUNTER ELECTRICAL SERVICES, INC. 05-17-2000 90860 018 ***150.00 Principal Place of Business Mailing Address 2619 ARNOLD ST. 2619 ARNOLD ST. SARASOTA FL 34231 SARASOTA FL 34231-2901 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0932448 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired . . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERTS, DON E Street Address (P.O. Box Number is Not Acceptable) 3212 S. GATE CIRCLE SARASOTA FL 34239 Zip Code City 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 DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE President/Director Addition Delete TITLE Charles F. Hunter NAME NAME STREET ADDRESS STREET ADDRESS 2619 Arnold Street CITY-ST-ZIP CITY-ST-ZIP <u>Sarasota, Florida 34231</u> □ Addition Secretary-Treasurer/Director \Box $^{ ext{Change}}$ □ Delete TITLE NAME NAME Dara M. Hunter STREET ADDRESS STREET ADDRESS 2619 Arnold Street CITY-ST-ZIP CITY-ST-ZIP <u>Sarasota, Florida 34231</u> ___ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-60 Date 9111-922-3842