FILED
May 30 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
DIVISION OF CORPORATIONS

DOCUMENT # V23383 (5)

1. Corporation Name
MANAGEMENT SYSTEMS ELECTRIC, INC.

Principal Place of Business	Mailing Address
861 OLD KNIGHT RD STE 114 KNIGHTDALE NC 27545 US	861 OLD KNIGHT ROAD, SUITE 114 KNIGHTDALE, NC 27545

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1992
3a. Date of Last Report: 04/20/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-3116122 — 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

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CAPPS, LEWIS B.
1528 INDIAN ROCKS ROAD (SOUTH)
LARGO FL 34630

10. Name and Address of New Registered Agent

81 Name: CAPPS, LEWIS B.
82 Street Address (P.O. Box Number is Not Acceptable):
83: 23 E. Nightingale St.
84 City: Apopka, FL — 85 Zip Code: 32712

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: _____ DATE: April 29, 1997
Signature, type or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P	1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	CAPPS, LEWIS B	1.2 NAME	
1.3 STREET ADDRESS	861 OLD KNIGHT ROAD, SUITE 114	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	KNIGHTDALE, NC 27545	1.4 CITY-ST-ZIP	
2.1 TITLE	VP	2.1 TITLE	XX Change ☐ Addition
2.2 NAME	ROBINSON, MORRIS L.	2.2 NAME	Morris L. Robinson
2.3 STREET ADDRESS	7327 NICHOLS COURT	2.3 STREET ADDRESS	2901-1D Stedman Drive
2.4 CITY-ST-ZIP	SIMS NC	2.4 CITY-ST-ZIP	Wilson, NC 27896
3.1 TITLE		3.1 TITLE	Secretary ☐ Change XX Addition
3.2 NAME		3.2 NAME	Pat W. Massey-Turner
3.3 STREET ADDRESS		3.3 STREET ADDRESS	10716 Cone Road
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	Middlesex, NC 27557
4.1 TITLE		4.1 TITLE	☐ Change ☐ Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	☐ Change ☐ Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: PAT W. MASSEY-TURNER Pat W. Massey-Turner 4/29/97 (919) 266-8030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #