SECOND_MOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 98 OCT 26 AM 10: 35 1998. DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA Management Systems Electric, Inc. Principal Place of Business Mailing Address 861 Old Knight Road 861 Old Knight Road Ste 114 Ste 114 DO NOT WRITE IN THIS SPACE Knightdale, NC 27545 Knightdale, NC 27545 3. Date Incorporated or Qualified 03/23/1992 2. Principal Place of Business 2a. Mailing Address Applied For 26 861 Old Knight Rd 59-3116122 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Ste 114 City & State Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Knightdale, NC Trust Fund Contribution Added to Fees 23 Zıp Country Zip Country 8. This corporation owes or has paid the current year intangible 27545 24 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Capps, Lewis B. 23 E. Nightingale St. Street Address (P.O. Box Number is Not Acceptable) 23 E. Nightingale St. Apopka, FL 32712 ^{City} Apopka 32792 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 of 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 unit, and accept the obligations of Section 607.0505, Florida Statutes. Lewis B. Capps, President 10/21/98 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE ☐ DELETE 1 1 TITLE <u>L</u> Change ☐ Addition NAME Capps, Lewis B. 1.2 NAME STREET ADDRESS 861 Old Knight .Rd. 1 3 STREET ADDRESS 861 Old Knight Road <u>Knightdale, NC 27545</u> 1 4 CITY - ST - ZIP CITY-ST-ZIP Kngithdale, NC 27545 ☐ DELETE X Change Addition TITLE 2.1 TITLE NAME Robinson, Morris L. 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 3705 Shadow Ridge Rd. 3705 Shadow Ridge Rd. 2 4 CITY-SI-ZIP CITY-ST-ZIP Wilson, NC 27896 Wilson, NC 27896 300002675¶85^{___}AG X DELETE 3 1 TITLE TITLE Secretary 3 2 NAME NAME -10/28/98--01095--017 Massey-Turner, Pat W. STREET ADDRESS 33 STREET ADDRESS ****150.00 ****150.00 10716 Cone Road CITY-ST-ZIP 3.4 CITY-ST-ZIP Middlesex,NC 27557 **DELETE** 41 TITLE ☐ Change Addition TITLE Secretary 4 2 NAME NAME Meares, Catherine L. STREET ADDRESS 4.3 STREET ADDRESS 11096 Buffalo Road CITY - ST - ZIP 4.4 CITY - ST - ZIP Glayton, NC 27520 DELETE ☐ Change se Addition TITLE 51 TITLE Paschall, Robin M. NAME 5.2 NAME 817 Lake Brandon Trail STREET ADDRESS 5.3 STREET ADDRESS Raleigh, NC 27610 OTY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 61 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 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 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:

res Compeux L. Moners, Secr.

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