

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90026 036 \*\*\*158.75

0603479 AT

**DOCUMENT # 835727**  
 1. Entity Name  
**PALMER ELECTRIC CONSTRUCTION COMPANY**

Principal Place of Business Mailing Address  
**104 SOUTH EDGEWOOD DRIVE PO BOX 1783**  
**DOTHAN AL 36301 DOTHAN AL 36302**  
**US US**



2. Principal Place of Business 3. Mailing Address  
**1023 North Beverlye Rd. 1023 North Beverlye Rd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
**Dothan, Alabama Dothan, Alabama 62-0805527 Not Applicable**  
 Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**PETTIS, JAMES** Name  
**4604 HWY 77** Street Address (P.O. Box Number is Not Acceptable)  
**CHIPLEY FL 32428** City **FL** 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00** 10. Election Campaign Financing  **\$5.00 May Be Added to Fees**  
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00** Trust Fund Contribution  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PF</b> <b>PALMER, LARRY</b> <b>1396 ED TOLAR RD</b> <b>PANSEY AL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PALMER, JANET</b> <b>1396 ED TOLAR RD</b> <b>PANSEY AL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>PALMER, KIM DAVID</b> <b>P O BOX 188</b> <b>COWARTS AL 36321</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PALMER, KENDALL S</b> <b>P O BOX 188</b> <b>COWARTS AL 36321</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby 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 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.

**SIGNATURE:** *[Signature]* **REQUIRED** 1/11/02 (334) 792-8473  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)