FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 686450 (8)**DOCUMENT #** 1. Corporation Name SEACO SUPPLY CORPORATION Principal Place of Business Mailing Address 6407 GEORGIA AVE P.O. BOX 17558 WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33416-7558 3a. Date of Last Recor 04/28/1995 Date Incorporated or Qualified 09/03/1980 2. Principal Place of Business 4. FEI Number 59-2025065 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 27 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 28 Trust Fund Contribution Added to Fees Zip Country Zια Country 8. This corporation has liability for intangible tax under s 199,032, 25 29 30 Florida Statutes Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name KROESEN, CHRISTOPHER C 82 Street Address (P.O. Box Number is Not Acceptable) 6407 GEORGIA AVE. WEST PALM BEACH FL 33405 83 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE ☐ Change Addition KROESEN, MARTHA 1.2 NAME 225 - 30TH ST. 1.3 STREET ADDRESS W PALM BCH FL 1.4 CITY - ST- ZIP DELETE 2. 1 TITLE ☐ Change Addition KROESEN, CHRISTOPHER C. 22 NAME

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12. TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME 6407 GEORGIA AVE STREET ADDRESS 2.3 STREET ADORESS W PALM BCH FL CITY - ST - ZIP 24 CITY - ST-ZIP TITLE DELETE 3 1 TITLE ☐ Change Addition MILLER, R P NAME 3.2 NAME 3623 FORT PEYTON CIRCLE STREET ADDRESS 3.3. STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP 3.4 CITY - ST - 2IF ☐ DELETE TrTLE 4 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP THILE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-SI-ZIP 6.4 CITY - ST- ZIP

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)(k). Florida Statutes, I further red by that the information indicated on this annual report or supplies and does not quality to the each prior stated in Section 118.00(0), Fortuna distinctions 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 or no an attachment with an address.

Christopher C. Kroesen, President 4/23/96 (407)585-3606