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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F76968

1. Corporation Name
INTERSTATE SUPPLY, INC.

Principal Place of Business	Mailing Address
U.S. 90TH WEST BOX 2139 LAKE CITY FL 32056-9139	U.S. 90TH WEST BOX 2139 LAKE CITY FL 32056-9139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/20/1982

2. Principal Place of Business	2a. Mailing Address
21 500 S. 1ST STREET	26 P.O BOX 2139
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LAKE CITY FLORIDA	City & State 28 LAKE CITY FLORIDA
Zip 24 32055 Country 25 USA	Zip 29 32056-2139 Country 30 USA

4. FEI Number: 59-2204068 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OWENS, GLENN H.
HWY. 90 WEST, BOX 2139
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name: GLENN OWENS
82 Street Address (P.O. Box Number is Not Acceptable): 500 S 1ST STREET
83
84 City: LAKE CITY FL 85 Zip Code: 32055

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: Glenn H Owens — DATE
Signature, typed 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		
TITLE	P	☐ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	OWENS, GLENN H		1.2 NAME	GLENN H OWENS	
STREET ADDRESS	HWY 90 W		1.3 STREET ADDRESS	500 S. 1ST STREET	
CITY-ST-ZIP	LAKE CITY, FL 00000		1.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	S	☐ DELETE	2.1 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	WATERS, TED E.		2.2 NAME	TED E. WATERS	
STREET ADDRESS	HWY. 90 WEST		2.3 STREET ADDRESS	500 S. 1st Street	
CITY-ST-ZIP	LAKE CITY FL		2.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Glenn H Owens — 2/5/99 — 904-752-8210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)