

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morinam
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAR 16 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **P22388**

(3)

1. Corporation Name

ARMSTRONG'S LOCK & SUPPLY, INC.

Principal Place of Business

1440 DUTCH VALLEY PLACE, NE
ATLANTA GA 30324

Mailing Address

1440 DUTCH VALLEY PLACE, NE
ATLANTA GA 30324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/03/1989

3a. Date of Last Report

03/04/1994

4. FEI Number

59-1087483

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 Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

SEARLE, LIZ J
610 SW 70TH TERRACE
PEMBROKE PINES FL 33023

10. Name and Address of New Registered Agent

81

Name

Mark R. Weaverling

82

Street Address (P.O. Box Number is Not Acceptable)

208 SW 11th Ave

83

84

City

Dania

FL

85

Zip Code

33004

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

X Mark R. Weaverling

Mark R. Weaverling

3-10-95

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPVD
MULLINS, WADE V
200 FRANKLIN ROAD, UNIT S-12
ATLANTA GA 30342TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPSTD
MULLINS, DELNO V
3420 SHARON CHURCH ROAD S.W.
LOGANVILLE GATITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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 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:

Delno V. Mullins

Delno V. Mullins

3-6-95

(404) 875-0136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR