SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 10:00

DOCUMENT # **129186** **(3)**

1. Corporation Name

FARREY'S, WHOLESALE HARDWARE CO., INC.

Principal Place of Business	Mailing Address
1850 NE 146 ST P. O. BOX 619500 N MIAMI FL 33261-9500 US	1850 NE 146 ST P. O. BOX 619500 N MIAMI FL 33261-9500 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1934	3a. Date of Last Report: 06/15/1994
4. FEI Number: 59-0238860	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. [illegible] ☐	$5.00 May Be Added to Fees
7. This corporation files jointly for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State	28	City & State
24	Zip / 25 County	29	Zip / 30 County

9. Name and Address of Current Registered Agent

FARREY, F.X.
1850 N.E. 146TH STREET
P.O. BOX 601205
MIAMI FL 33160

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 required for printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES OR ADDITIONS (SEE INSTRUCTIONS)		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	FARREY, J F	12 NAME		
STREET ADDRESS	1315 BAY TERRACE	13 STREET ADDRESS		
CITY ST ZIP	N BAY VILLAGE, FL 00000	14 CITY ST ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	FARREY, LEILA O	22 NAME		
STREET ADDRESS	104 E SAN MARINO DRIVE	23 STREET ADDRESS		
CITY ST ZIP	MIAMI BEACH, FL 00000	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	FARREY, F X, SR	32 NAME		
STREET ADDRESS	104 E SAN MARINO DRIVE	33 STREET ADDRESS		
CITY ST ZIP	MIAMI, FL 00000	34 CITY ST ZIP		
TITLE	VT	41 TITLE		☐ Change ☐ Addition
NAME	FARREY, F X, JR	42 NAME		
STREET ADDRESS	7260 MIAMI LAKEWAY	43 STREET ADDRESS		
CITY ST ZIP	MIAMI LAKES, FL 00000	44 CITY ST ZIP		
TITLE	VS	51 TITLE		☐ Change ☐ Addition
NAME	MARMOL, ANA A	52 NAME		
STREET ADDRESS	1541 BRICKELL AVE, C909	53 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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: JOHN F FARREY PRES/DIR 6/06/95 305-947-5451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0148130 FP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
[illegible] CORPORATIONS

DOCUMENT # **135044** **(6)**

1. Corporation Name
DOANE MASON, INC.

Principal Place of Business	Mailing Address
516 WEST ADAMS STREET JACKSONVILLE FL 32202	516 WEST ADAMS STREET JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1937
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-0249345 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MASON JR,W M~~
~~117 S THIRD ST~~
~~FERNANDINA BEACH FL 32034~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3600 Richmond St.
83
84 City: Jacksonville **FL** 85 Zip Code: 32205

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: W M Mason — W. M. MASON, Jr. — JUN 12 1995
Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MASON JR,W M	12 NAME	
STREET ADDRESS	3600 RICHMOND STREET	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	KHOURI, I. E.	22 NAME	
STREET ADDRESS	DOANE COLLEGE	23 STREET ADDRESS	
CITY-ST-ZIP	CRETE NE	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	MASON, J.D.	32 NAME	
STREET ADDRESS	4759 ORTEGA FOREST DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	OSTERHOUT, DAVID	42 NAME	
STREET ADDRESS	DOANE COLLEGE	43 STREET ADDRESS	
CITY-ST-ZIP	CRETE NEB	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: W M Mason — W. M. MASON, Jr. — JUN 12 1995 — 904/384-4626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002683 CP