FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -6 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **133568** **(6)**

1. Corporation Name

STRINGFELLOW SUPPLY CO.

Principal Place of Business	Mailing Address
1015 S MAIN ST GAINESVILLE FL 32601 US	PO BOX 1050 GAINESVILLE FL 32602-1050 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/18/1936	3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-0467560	☐ 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 Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

STRINGFELLOW, JAMES, L, JR
1015 S MAIN ST
GAINESVILLE FL 32601

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 607.1508, 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
(Typed or Printed name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE		☐ Change ☐ Addition
NAME	YORK, MARTHA S.	12 NAME		
STREET ADDRESS	3929 S. W. 80TH WAY	13 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP		
TITLE	C	21 TITLE		☐ Change ☐ Addition
NAME	STRINGFELLOW, JAMES L	22 NAME		
STREET ADDRESS	2548 S. W. 14TH DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	STRINGFELLOW, BARBARA L	32 NAME		
STREET ADDRESS	C21 B	33 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL	34 CITY-ST-ZIP		
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	STRINGFELLOW, J L, JR	42 NAME		
STREET ADDRESS	1015 S. MAIN STREET	43 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	STRINGFELLOW, RICHARD	52 NAME		
STREET ADDRESS	1015 S MAIN ST	53 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	STRINGFELLOW, DOUGLAS	62 NAME		
STREET ADDRESS	1015 S MAIN ST	63 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	64 CITY-ST-ZIP		

14. I 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 above, or on an attachment with an address.

SIGNATURE: [signature] 3/1/95 9043767501
SIGNATURE AND TYPE OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Telephone Number

0034360 CP