FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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 GAINSVILLE FL 32602-1050 US

3. Date Incorporated or Qualified: **12/18/1936**
3a. Date of Last Report: **03/06/1995**
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 1015 S. Main St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 —
City & State 23	City & State 28 Gainesville, Fl
Zip 24 / Country 25	Zip 29 32601 / Country 30 Alachua

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 _____
Signature, typed or printed name of registered agent and title if applicable — NEW Registered Agent signature required if changed

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE	S/T	☒ Change ☐ Addition
NAME	YORK, MARTHA S.		1.2 NAME		
STREET ADDRESS	3929 S. W. 80TH WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STRINGFELLOW, JAMES L		2.2 NAME		
STREET ADDRESS	2548 S. W. 14TH DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STRINGFELLOW, BARBARA L		3.2 NAME		
STREET ADDRESS	C21 B		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STRINGFELLOW, J L, JR		4.2 NAME		
STREET ADDRESS	1015 S. MAIN STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STRINGFELLOW, RICHARD		5.2 NAME		
STREET ADDRESS	1015 S MAIN ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STRINGFELLOW, DOUGLAS		6.2 NAME		
STREET ADDRESS	1015 S MAIN ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		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 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: Martha S York Martha S. York 3/29/96 352-374-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)