

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 133568 (6)
 1. Corporation Name
STRINGFELLOW SUPPLY CO.



Principal Place of Business 1015 S MAIN ST GAINESVILLE FL 32601 US	Mailing Address 1015 S MAIN STREET GAINESVILLE FL 32601-7826 US
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3. Date Incorporated or Qualified 12/18/1936	3a. Date of Last Report 04/02/1996
4. FEI Number 59-0467560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRINGFELLOW, J L, JR	3.2 NAME	
STREET ADDRESS	1015 S. MAIN STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	GAINESVILLE, FL 00000	3.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRINGFELLOW, RICHARD	4.2 NAME	
STREET ADDRESS	1015 S MAIN ST	4.3 STREET ADDRESS	
CITY- ST- ZIP	GAINESVILLE FL	4.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRINGFELLOW, DOUGLAS	5.2 NAME	
STREET ADDRESS	1015 S MAIN ST	5.3 STREET ADDRESS	
CITY- ST- ZIP	GAINESVILLE FL	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 registered agent 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 of an agent with an address.

SIGNATURE: *Martha York* **Martha York** 4-1-97 352 344 455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)