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PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 133568 STRINGFELLOW SUPPLY CO.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

Mailing Address

Mar 30 1998 8:00am Secretary of State



Principal Place of Business 1015 8 MAIN ST 1015 S MAIN STREET **GAINESVILLE FL 32601** GAINESVILLE FL 32001 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1936 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 6910 West University Ave 26 6910 West University Ave. 59-0467560 Not Applicable Suite, Apt. #,
27 Suite *)
City & State \$8.75 Additional 5. Certificate of Status Desired 22 Scrite * Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Country Country This corporation owes or has paid the current year Intangible 28 32607. 1610 30 Yes Yes Personal Property Tax due June 30. □ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STRINGFELLOW, JAMES, L, JR 1015 S MAIN ST Street Address (P.O. Box Number is Not Acceptable) 82 **GAINESVILLE FL 32601** 83 City 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 Signature, typed or ponted name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change YORK, MARTHA S. 1.2 NAME NAME 3929 S. W. 80TH WAY STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STRINGFELLOW, JAMES L NAME 2.2 NAME 2548 S. W. 14TH DRIVE STREET ADDRESS 2.3 STREET ADDRESS GAINESVILLE, FL 00000 2. 4 City-St-ZiP CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE STRINGFELLOW, J L, JR NAME 3.2 NAME 6910 West University Avenue Stel 1015 S. MAIN STREET STREET ADDRESS 3 STREET ADDRESS 32607-1610 GAINESVILLE, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE TITLE 6910 West University Ave Suite 1
32607-1610
18 Change | Addition STRINGFELLOW, RICHARD 4 2 NAME NAME 1015 S MAIN ST STREET ADDRESS 4.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE STRINGFELLOW, DOUGLAS 5.2 NAME NAME 6910 West University Ave Suite 1 32607-1610 STREET ADDRESS 1015 S MAIN ST **5.3 STREET ADDRESS** GAINESVILLE FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

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

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

3 26-98

352-374,4455