FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** PEERLESS SUPPLY, INC. Principal Place of Business Mailing Address 1419 \$ GREENWOOD AVE 1419 S GREENWOOD AVE CLEARWATER FL 34616 **CLEARWATER FL 34616** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1947 04/04/1995 2. Principal Place of Business 2a. Mailing Address 4. ELI Number Applied For 21 59-0567643 26 Not Applicable Suite, Apt. #, etc. Suite, Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees 210 Country This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KODROS, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 82 12646 82ND AVENUE NORTH SEMINOLE FL 34646 83 84 *346*98 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 hoard of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (12/95)12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 С 1000 DELETE 1 1 TITLE Change Addition IRR, WILLIAM R. NAME 1.2 NAME CR2E034 13 WHITE CEDAR STREET ADDRESS 1.3 STREET ADDRESS AMHURST NY 011Y-\$1-7/P 1.4 City ST ZiP DELETE 2 1 Till F Change Addition KODROS, WILLIAM J. NAME 2.2 NAME 115 Citrus Ave. 12646 82ND AVE N STREET ADDRESS. 2.3 STREET ADDRESS Duredin, FL 34698 SEMINOLE FL CITY - ST- ZIP 2.4 CITY-ST ZIP THILE DELETE 3 1 TITLE [1] Change Addition STETTER, MICHAEL J. NAME 3.2 NAME 908 NIAGRA FALLS BLVD. STREE! ADDRESS 3.3 STREET ADDRESS N. TONAWANDA NY N. Tonaivenda, NY 14120 CITY - ST- ZIP 3.4 CITY - \$1 - 7P TITLE DELETE 4 1 111LE Change Change ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-7IP 44 City St. ZiP DELETE TITLE 5 1 TILLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS. 5.3 STREET ADDRESS CHY-SI-ZIP 5.4 CITY - S1 - ZIP DELETE TATLE 6 1 7111 F Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STRELT ADDRESS CHTY - ST - ZIP 6.4 CHTY - \$1 - ZIP

14. I do hereby certify that the information supplied with this filling 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

Jan. 16, 1996 413-461-2300