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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **170832** **(0)**

1. Corporation Name

PARNELL-MARTIN SUPPLY COMPANY OF FLORIDA

Principal Place of Business	Mailing Address
FLORIDA 114 PARK STREET JACKSONVILLE FL 32204-2224	FLORIDA 114 PARK STREET JACKSONVILLE FL 32204-2224

3. Date Incorporated or Qualified: **10/17/1952**
3a. Date of Last Report: **02/28/1995**

4. FEI Number: **59-0683850** [ ] 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BUZHARDT, M.O.
114 PARK ST
JACKSONVILLE FL 32201

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 607.1505, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	WELTON, C R		2 NAME	
STREET ADDRESS	1315 NORTH GRAHAM STREET		3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE, NC 00000		4 CITY ST ZIP	
TITLE	VD	[ ] DELETE	5 TITLE	[ ] Change [ ] Addition
NAME	CASH, F A		6 NAME	
STREET ADDRESS	1315 NORTH GRAHAM STREET		7 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE, NC 00000		8 CITY ST ZIP	
TITLE	PD	[ ] DELETE	9 TITLE	[ ] Change [ ] Addition
NAME	BUZHARDT, M O		10 NAME	
STREET ADDRESS	114 PARK STREET		11 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		12 CITY ST ZIP	
TITLE		[ ] DELETE	13 TITLE	[ ] Change [ ] Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY ST ZIP	
TITLE		[ ] DELETE	17 TITLE	[ ] Change [ ] Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY ST ZIP	
TITLE		[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is true and accurate 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 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 added to the report with an address.

SIGNATURE: M.O. Buzhardt Jr. 3/22/96 904-356-0704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M.O. Buzhardt President

CR2E034 (12/95)