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FILED

Feb 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FLORIDA  
114 PARK STREET  
JACKSONVILLE FL 32204-2224

Mailing Address

FLORIDA  
114 PARK STREET  
JACKSONVILLE FL 32204-2224

3. Date Incorporated or Qualified  
10/17/1952  
3a. Date of Last Report  
03/28/1996  
4. FEI Number  
59-0683850  
Applied For  
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 P.O. Box 30067  
27 Suite, Apt. #, etc.

28 City & State

29 28230  
30 Country

g. Name and Address of Current Registered Agent

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

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

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

Signature of the principal officer or director of the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WELTON, C R	
STREET ADDRESS	1315 NORTH GRAHAM STREET	
CITY-ST-ZIP	CHARLOTTE, NC 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASH, F A	
STREET ADDRESS	1315 NORTH GRAHAM STREET	
CITY-ST-ZIP	CHARLOTTE, NC 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUZHARDT, M O	
STREET ADDRESS	114 PARK STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WELTON, C.R.	
1.3 STREET ADDRESS	1315 North Graham Street	
1.4 CITY-ST-ZIP	Charlotte, NC 28206	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cash, F.A. Jr.	
2.3 STREET ADDRESS	1315 North Graham Street	
2.4 CITY-ST-ZIP	Charlotte, NC 28206	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	George, J.L.	
3.3 STREET ADDRESS	1315 North Graham Street	
3.4 CITY-ST-ZIP	Charlotte, NC 28206	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jordan, M.J.	
4.3 STREET ADDRESS	1315 North Graham Street	
4.4 CITY-ST-ZIP	Charlotte, NC 28206	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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:

MJG

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97

(704) 375-8651

Date Daytime Phone #

CR2E034 (9/96)