

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
P.O. BOX 30067
114 PARK STREET
CHARLOTTE NC 28230
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 30067		10/17/1952	
22 City & State		27 Charlotte NC		4. FEI Number	
23 Zip		29 28230		59-0683850	
24 Country		30 USA		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

① A return will be filed. However, no tax is due.

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 printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change Addition
NAME	WELTON, C R	1.2 NAME	
STREET ADDRESS	1315 NORTH GRAHAM STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE, NC 00000	1.4 CITY-ST-ZIP	Charlotte, NC 28230
TITLE	PD	2.1 TITLE	Change Addition
NAME	CASH, F.A. JR.	2.2 NAME	
STREET ADDRESS	1315 NORTH GRAHAM STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE, NC 00000	2.4 CITY-ST-ZIP	Charlotte, NC 28230
TITLE	VD	3.1 TITLE	Change Addition
NAME	GEORGE, J.L.	3.2 NAME	
STREET ADDRESS	1315 NORTH GRAHAM STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	3.4 CITY-ST-ZIP	Charlotte, NC 28230
TITLE	T	4.1 TITLE	Change Addition
NAME	JORDON, M.J.	4.2 NAME	M.J. Jordan
STREET ADDRESS	1315 NORTH GRAHAM STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	4.4 CITY-ST-ZIP	Charlotte, NC 28230
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

M. J. Jordan

M. J. Jordan

1/5/98

(704) 375-8811

CR2E034 (10/97)