FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # 170832** PARNELL-MARTIN SUPPLY COMPANY OF FLORIDA 04-03-2001 90042 029 ***150.00 Principal Place of Business Mailing Address P. O. BOX 30067 114 PARK STREET CHARLOTTE NC 28230 JACKSONVILLE FL 32204-2224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0683850 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City Zip Code Fl 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 815-9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 56510 . Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (10/00) ☐ Addition TITLE ☐ Defete TITLE ☐ Change WELTON, C R NAME NAME 1315 NORTH GRAHAM STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28206 CITY-ST-ZIP CPD ☐ Change ☐ Addition TITLE ☐ Delete TITLE CASH, F.A. JR. NAME NAME 1315 NORTH GRAHAM STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CHARLOTTE NC 28206** CITY-ST-ZIP ☐ Delete Change Addition GEORGE, J.L. NAME NAME 1315 NORTH GRAHAM STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHARLOTTE NC 28206 CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition JORDAN, MJ NAME NAME STREET ADDRESS 1315 NORTH GRAHAM STREET STREET ADDRESS CITY-ST-ZIP **CHARLOTTE NC 28206** CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Treasurer In. J. Jordan

URE TAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR