SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 8:06

DOCUMENT # 177127 (8)

1. Corporation Name
TRAYLOR CHEMICAL & SUPPLY CO

Principal Place of Business	Mailing Address
1911 TRAYLOR BLVD ORLANDO FL 32804	1911 TRAYLOR BLVD ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/28/1954
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-0722592 ☐ 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
9. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TRAYLOR,WILLIAM L JR.
150 CHELTON CIR
WINTER PARK FL 32789

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	C/D	☒ Change ☐ Addition
NAME	TRAYLOR JR,WILLIAM L	1.2 NAME		
STREET ADDRESS	150 CHELTON CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	32789	
TITLE	VSD	2.1 TITLE	Chief Financial Officer/D	☒ Change ☐ Addition
NAME	COMER,WILLIAM E	2.2 NAME		
STREET ADDRESS	6233 W. ROBINSON AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	32835	
TITLE	D	3.1 TITLE	Chairman of the Board Emeritus/D	☒ Change ☐ Addition
NAME	TRAYLOR,W LEROY	3.2 NAME		
STREET ADDRESS	934 VALENCIA AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	32804	
TITLE	VD	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	CARPENTER, R. ELDRED (JR	4.2 NAME		
STREET ADDRESS	5609 WESTBURY DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	32808	
TITLE		5.1 TITLE	T	☐ Change ☒ Addition
NAME		5.2 NAME	Frances I. Hale	
STREET ADDRESS		5.3 STREET ADDRESS	16004 E. Sunflower Trail	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32828	
TITLE		6.1 TITLE	S	☐ Change ☒ Addition
NAME		6.2 NAME	Sandra L. Orr	
STREET ADDRESS		6.3 STREET ADDRESS	796 Bayou Drive	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Casselberry, FL 32707	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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: William E. Comer June 06, 1995 (407)422-6151
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

William E. Comer

001207 CP