NAME

STREET ADDRESS

14. I hereby certify that the information supplied with this filing

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name (8)COMBS LUMBER AND SUPPLY INC Principal Place of Business Mailing Address 300 NW 8TH AVE 300 NW 8TH AVE PO BOX 1289 PO BOX 1289 DO NOT WRITE IN THIS SPACE GAINESVILLE FL 32601 GAINESVILLE FL 32601 3. Date Incorporated or Qualified 05/06/1959 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0867245 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 Personal Property Tax due June 30. Yes Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COMBS. WILLIAM S. 300 NW 8TH AVE Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32601** 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, typed or printed name of registered agent and title if applicable. 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition COMBS, WILLIAM S. NAME 1.2 NAME 300 NW 8TH AVE STREET ADDRESS 1.3 STREET ADDRESS GAINESVILLE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP VPT DELETE ☐ Change Addition TITLE 2.1 TITLE LUEBEN, L. A. NAME 2.2 NAME 300 NW 8TH AVE STREET ADDRESS 2.3 STREET ADDRESS GAINESVILLE, FL 00000 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE COMBS, DEBORAH NAME 32 NAME 300 NW 8TH AVE STREET ADDRESS 3.3 STREET ADDRESS GAINESVILLE, FL 00000 CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change ■ Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$T - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition

ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an yed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental annual re officer or director of the corporation or the Leiver or tra-Block 12 or Block 13 if charged, or on ay attachment with SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

R2E034