| FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 | | | | | | | FILED | | | |
|---|---|--|---|--|----------------------------|---------------------|--|-------------------|-----------------------------|--------------------------------|
| 3 | PROFIT RPORATION | (8) | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham | | | | Jan 23 1998 8:00am | | | |
| ANNUAL REPORT Secretary of | | | | | | | Jan 23 13 | 170 | 0.00 | Jaiii |
| 1998 DIVISION OF COL | | | | | | | Secreta | 43 7 (| of Ct | ate |
| DOCUMENT # 273244 (4) | | | | | | | Secretary of State | | | |
| PARIS | S AND SUPPLY, INC. | | | | | | | | | |
| Principal Piace of Business Mailing Address | | | | | | | - | I EIEI BIBIF BI | BAN BARAN BARAN B | |
| 1100 N MONROE ST 7746 HOLSTEINER LN. TALLAHASSEE FL 32303 TALLAHASSEE FL 32308 US | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | ., | | | | | 3. Date Incorporated or Qualified 08/29/1968 | E | | |
| 21 | lace of Business | 2a. Mailing Addre | | | | | 4. FEI Number 59-1007624 | ₹ | | pplied For lot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, | etc. | | | | 5. Certificate of Status Desired | | | Additional Required |
| City & Stat | е | City & State | | | | | Election Campaign Financing Trust Fund Contribution | П | • | May Be to Fees |
| Zip | Country | Zip | | Country | , | | 8. This corporation owes or has | paid the cu | | |
| 24 | 25 | 29 | 30 | 0 | | | Personal Property Tax due Ju | | | □ No |
| 0) | 9. Name and Address of Current | Registered Agent | | 81 | Name | <u> </u> | 10. Name and Address of New I | Registered | Agent | |
| | 'frett, jerry t. 46 Holsteiner LN. | | | | | | | | | |
| TALLAHASSEE FL 32308 | | | | 82 | Stree | t Addre | ss (P.O. Box Number is Not Accept | .able) | | |
| •• | ED WILLOCKE E OCOOO | | | 83 | | | | | | |
| | | | | 84 | City | | | | 85 Zip | Code |
| | | | | | | | 0.400 | <u> Fl</u> | - ` | |
| 11. Pursuant office or ragent. I a | to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat | and 607.1508, Florid f Florida. Such chang ons of, Section 607.0 | a Statutes, ge was auti 1505, Floric | , the above horized by la Statutes | e-name the co | d corpo rporatio | ration submits this statement for the on's board of directors. I hereby acc | purpose of the ap | of changing pointment as | its registered s registered |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. | (NOTE: R | Realstered Age | nt slanatu | re required | when reinstating) | DATE | | |
| 12. | OFFICERS AND | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 13. | | | ADDITIONS/CHANGES TO OFF | | D DIRECTO | R\$ IN 12 |
| TITLE | PD | ☐ DEL | .ETE | 1.1 TITLE | | | | | Change | Addition |
| NAME | SYFRETT, JERRY T | | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 1100 N MONROE ST | | | 1,3 STHEET | ADDRESS | | | | | |
| CiTY-ST-ZIP | TALLAHASSEE FL 32303 VD | DEL | | 1.4 CITY-S | T-ZIP | | | | Observa | 1 4 4 3 70 |
| TITLE NAME | SYFRETT, THOMAS F | | EIC. | 2.1 TITLE | | | | | Change | Addition |
| STREET ADDRESS | 1100 NORTH MONROE ST. | | | 2.2 NAME 2.3 STREET | ADDDECC | | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | | | 2.4 CITY-5 | | | | | | |
| TITLE | STD | ☐ DEL | ETE | 3.1 TITLE | 11-211 | | | | Change | Addition |
| NAME | JESSUP, ANDREA S | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | 1100 N MONROE ST | | | 3.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | | | 3.4. CMY-S | T-ZiP | | | | | |
| TITLE | STD | ☐ DEL | ETE | 4.1 TITLE | | | | | ☐ Change | Addition |
| NAME | SYFRETT, LOUISE N | | | 4, 2 NAME | | 1 | | | | |
| STREET ADDRESS | 1100 N MONROE ST | | | 4.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | | | 4.4 CITY - S | - ZIP | ĺ | | | | |

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 exporation 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.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

Change

___ Change

Addition

☐ Addition