FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 5-1-95

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

-5573

APPROVED AND FILED

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 307404 (4)

1. Corporation Name

COMMERCIAL WAREHOUSING, INC.

Principal Place of Business
502 E BRIDGES AVE.
AUBURNDALE FL 33823

Mailing Address
502 E BRIDGES AVE.
AUBURNDALE FL 33823

3. Date Incorporated or Qualified: 07/22/1966
3a. Date of Last Report: 08/19/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1145652 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOSTICK,GUY
502 E BRIDGERS AVE
AUBURNDALE FL 33823

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 ____________________
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	BOSTICK, GUY	1.2 NAME	
STREET ADDRESS	502 E. BRIDGERS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	VTD ☒ Change ☐ Addition
NAME	JACOBS, MILTON E.	2.2 NAME	
STREET ADDRESS	502 E. BRIDGERS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	BOSTICK, R. MARK	3.2 NAME	
STREET ADDRESS	502 E. BRIDGERS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	3.4 CITY-ST-ZIP	
TITLE	EVP	4.1 TITLE	☐ Change ☐ Addition
NAME	WILKENS, MORRIS	4.2 NAME	
STREET ADDRESS	502 E. BRIDGERS AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	S ☐ Change ☒ Addition
NAME		5.2 NAME	Billy R. Ready
STREET ADDRESS		5.3 STREET ADDRESS	502 E. Bridgers Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Auburndale, FL 33823
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 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)(k), 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: Billy R. Ready 4/20/95 (813) 967-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0018868 CP