FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 333792 (0)

1. Corporation Name
PARISH SUPPLY CORP

Principal Place of Business
6113 ANNO AVE.
ORLANDO FL 32809
US

Mailing Address
P. O. BOX 593388
ORLANDO FL 32859-3388
US

3. Date Incorporated or Qualified: 08/14/1968
3a. Date of Last Report: 10/23/1995

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

4. FEI Number: 16-0956018 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $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: X Yes ☐ No

9. Name and Address of Current Registered Agent
CONSOLINO, MARK J
6113 ANNO AVE
ORLANDO FL 32809

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 288 Carisbrooke Street
83
84 City: Ocoee FL 85 Zip Code: 34761

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: X Mark J. Consolino — X 4/29/96
Signature typed or printed name of registered agent or title if applicable — *NOTE: Registered Agent signature required when resigning — DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	CONSOLINO, MARK	
STREET ADDRESS	10543 CRESTO DELSOL	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	X Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	288 Carisbrooke Street	
1.4 CITY-ST-ZIP	Ocoee, FL 34761	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	500001829465	
5.4 CITY-ST-ZIP	-05/20/96--01049--013	
6.1 TITLE	***208.75	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: X Mark J. Consolino — PRESIDENT — X 4/29/96 — X (407) 851-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARK J. CONSOLINO — SCF 5-1-96