FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # 345870 (0)

1. Corporate Name

JACKSONVILLE WOODWORKERS SUPPLY, INC.

APPROVED AND FILED
APR 30 1995 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
2350 MILLER OAKS DR SOUTH
JACKSONVILLE FL 32217

Mailing Address
2350 MILLER OAKS DR SOUTH
JACKSONVILLE FL 32217

3. Date Incorporated / Qualified: 05/08/1969
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21 2535 POWERS AVE.
Suite, Apt. # etc.
22
City & State
23 JACKSONVILLE, FL 32207
24 25

2a. Mailing Address
26 2535 POWERS AVE.
Suite, Apt. # etc.
27
City & State
28 JACKSONVILLE, FL 32207
29 30

4. FEI Number: 59-1279752 — 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. Does corporation have liability for unemployment compensation? Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
LANKFORD, L.H.
2350 MILLER OAKS DR. SOUTH
JACKSONVILLE FL 32217

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

11. Pursuant to the provisions of Section 607.0505 Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the successor registered agent has agreed to act as registered agent upon such terms and accept the responsibilities of registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

PST
LANKFORD,L.H
2350 MILLER OAKS DR. S.
JACKSONVILLE FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing, or voluntarily furnished and deemed part of this filing, is true and correct. I further certify that the information contained in the 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 a director or officer of the corporation or a receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 hereof, or is attached with an addition.

SIGNATURE: L.H. Lankford — L.H. LANKFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 904-737-7508

040809 FP