FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 APR 29 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **373862** **(2)**

1. Corporation Name
FLA-GA SUPPLY COMPANY

Principal Place of Business	Mailing Address
1737 MAINLINE DRIVE P.O. BOX 1139 QUINCY FL 32353-6139	1737 MAINLINE DRIVE P.O. BOX 1139 QUINCY FL 32353-1139

3. Date Incorporated or Qualified: **12/10/1970**
3a. Date of Last Report: **05/01/1996**

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: **59-1311264** ☐ 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

~~BAILEY,ERNEST G~~
~~613 WOODLAND AVE~~
~~QUINCY FL~~

10. Name and Address of New Registered Agent

81 Name: Libus Montgomery
82 Street Address (P.O. Box Number Is Not Acceptable): 4475 Buck Lake Road
83
84 City: Tallahassee, Florida 32311 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: Libus Montgomery — Libus Montgomery — 4/24/97
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	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, E LAMAR		1.2 NAME	
STREET ADDRESS	N STEWART STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FLORIDA 00000		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BETTS, GERALDINE M		2.2 NAME	900002164403--2
STREET ADDRESS	701 WOODLAND AVENUE		2.3 STREET ADDRESS	-05/02/97--01133--002
CITY-ST-ZIP	QUINCY, FLORIDA 00000		2.4 CITY-ST-ZIP	****660.00 ****165.00
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BETTS, GERALDINE M		3.2 NAME	
STREET ADDRESS	701 WOODLAND AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FLORIDA 00000		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PRIESTER, JAMES M		4.2 NAME	
STREET ADDRESS	825 MADERIA CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000		4.4 CITY-ST-ZIP	
TITLE	PD	☒ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	BAILEY, ERNEST G		5.2 NAME	Sally H. Bailey
STREET ADDRESS	613 WOODLAND AVENUE		5.3 STREET ADDRESS	4475 Buck Lake Road
CITY-ST-ZIP	QUINCY, FLORIDA 00000		5.4 CITY-ST-ZIP	Tallahassee, Fla. 32311
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

4-29-97

14. I do 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 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: [illegible] — 4/24/97

CR2E034 (9/96)