SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 3:45

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 9 PM 3:44

DOCUMENT # **377689** **(5)**

1. Corporation Name
S AND R SUPPLY COMPANY, INC.

Principal Place of Business	Mailing Address
1400 STAFFORD ST P.O. BOX 1255 HERNANDO FL 34442 US	1400 STAFFORD ST HERNANDO FL 34442 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
02/25/1971	04/25/1994

2. Principal Place of Business	2a. Mailing Address
21 1400 Stafford St.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hernando, FL	City & State 28
Zip / Country 24 34442 / 25 USA	Zip / Country 29 / 30

4. FEI Number: 59-1316237 ☐ 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	10. Name and Address of New Registered Agent
SHIRLEY, ARTHUR M. 1400 W STAFFORD ST HERNANDO FL 34442	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	PSTD ☒ Change ☐ Addition
NAME	SHIRLEY, OLWEN E	1.2 NAME	SHIRLEY, OLWEN E.
STREET ADDRESS	1400 W. STAFFORD ST	1.3 STREET ADDRESS	1400 W. Stafford St
CITY-ST-ZIP	HERNANDO FL	1.4 CITY-ST-ZIP	Hernando, FL
TITLE	PD	2.1 TITLE	CD ☒ Change ☐ Addition
NAME	SHIRLEY, ARTHUR M	2.2 NAME	SHIRLEY, ARTHUR M
STREET ADDRESS	1400 W STAFFORD ST	2.3 STREET ADDRESS	1400 W. Stafford St
CITY-ST-ZIP	HERNANDO FL	2.4 CITY-ST-ZIP	Hernando, FL
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, CHRISTOPHER L.	3.2 NAME	
STREET ADDRESS	16280 71ST LANE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT-ESTEVEZ, MICHELLE A	4.2 NAME	
STREET ADDRESS	9081 NW 25TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Olwen E. Shirley Pres. 08/04/95 (904) 746-7677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
OLWEN E. SHIRLEY, Pres.

0184093 FP