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

APPROVED AND FILED

95 FEB -6 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 382311 (9)

1. Corporation Name
FALCON SANITARY SUPPLY COMPANY

000001401540
-02/09/95--01042--015
****208.75 ****208.75
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
7005 STAPOINT COURT PO BOX 5018 WINTER PARK FL 32793	7005 STAPOINT COURT PO BOX 5018 WINTER PARK FL 32793

3. Date Incorporated or Qualified: 05/18/1971
3a. Date of Last Report: 04/26/1994

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

4. FEI Number: 59-1351250 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX — $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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

CONSOLINO MARK J
7005 STAPOINT CT
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name: BALL, TOMMY E.
82 Street Address (P.O. Box Number is Not Acceptable): 7005 STAPOINT COURT
83
84 City: WINTER PARK FL 85 Zip Code: 32793

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] 1-26-95
Signature, typed or printed name of registered agent (if this is applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	CONSOLINO, MARK	1.2 NAME	DEAN, ROGER	
STREET ADDRESS	7005 STAPOINT CT	1.3 STREET ADDRESS	2235 OKEECHOBEE BLVD	
CITY-ST-ZIP	WINTER PK. FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	CONSOLINO, JUDY A	2.2 NAME	BALL, TOMMY E.	
STREET ADDRESS	7005 STAPOINT CT	2.3 STREET ADDRESS	7005 STAPOINT COURT	
CITY-ST-ZIP	WINTER PK. FL	2.4 CITY-ST-ZIP	WINTER PARK, FL 32793	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME	2/6/95 TLS	
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		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		

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: [signature] 1-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 407-677-6059

0061070 CP