FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95 B-6817

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

FILED
95 MAY -1 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 405643 (8)

1. Corporation Name

SAV-ON UTILITY SUPPLIES, INC.

Principal Place of Business	Mailing Address
4250 SW 59 AVE. FORT LAUDERDALE FL 33314	4250 SW 59 AVE. FORT LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1972
3a. Date of Last Report: 04/21/1994

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

4. FEI Number: 59-1403164 ☐ 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 § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PARKER, GEORGE W., JR.
4250 S.W. 59TH AVENUE
FORT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name: Jim DiCola
82 Street Address (P.O. Box Number is Not Acceptable)
83: 4250 SW 59 Ave.
84 City: Ft Laud., FL 85 Zip Code: 33314

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: Jim DiCola 4/21/95
Signature and 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	V	1.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	ROBERTSON, G. ERVIN	1.2 NAME	Jim DiCola
STREET ADDRESS	4250 SW 59 AVE	1.3 STREET ADDRESS	4250 SW 59 Ave.
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft Laud., Fl. 33314
TITLE	TS	2.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	PARKER, GRACE W	2.2 NAME	Barbara Parker
STREET ADDRESS	4250 S W 59 AVENUE	2.3 STREET ADDRESS	4250 SW 59 Ave.
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft Laud., Fl 33314
TITLE	PD	3.1 TITLE	President ☒ Change ☐ Addition
NAME	PARKER, JR. GEORGE W	3.2 NAME	Arnold Parker
STREET ADDRESS	4250 S W 59 AVENUE	3.3 STREET ADDRESS	4250 SW 59 Ave.
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft Laud., Fl. 33314
TITLE		4.1 TITLE	Secretary ☒ Change ☐ Addition
NAME		4.2 NAME	Barbara Parker
STREET ADDRESS		4.3 STREET ADDRESS	4250 SW 59 Ave.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft Laud., Fl. 33314
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	

REMITTED BY MAY 1

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 added by amendment with an address.

SIGNATURE: Jim DiCola 4/21/95 305-583-2963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0222020 CP