

**DOCUMENT # 471982**

**1. Entity Name**

**LANE SUPPLY COMPANY**

00043014

Principal Place of Business	Mailing Address
23919 S DIXIE HWY PRINCETON FL 33032-2421 US	23919 S DIXIE HWY PRINCETON FL 33032-2421 US

2. Principal Place of Business		3. Mailing Address	
3001 PONCE DE LEON BLVD		3001 PONCE DE LEON BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
# 201		# 201	
City & State		City & State	
CORAL GABLES FL		CORAL GABLES FL	
Zip	Country	Zip	Country
33134	USA	33134	

4. FEI Number	59-1588888	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LANE, LEWIS JAY  
23919 S DIXIE HWY.  
PRINCETON FL 33032

7. Name and Address of New Registered Agent	
Name LANE, ARTHUR	
Street Address (P.O. Box Number is Not Acceptable) 3001 POPE DR LEONARD. # 201	
City CORAL GABLES	Zip Code FL 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Arthur Lane Pres ARTHUR LANE PRES 3/20/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be Added to Fees</p>
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[illegible][illegible]

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** WILLIAM J. REQUIN ADITHYAN LAKS PLES 3/20/00 3054441387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #