FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 PROFIT. FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham , ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 JUN 23 AM 9: 52 DOCUMENT # 565477 SECRETARY OF STATE TALLAHASSEE FLORIDA RANGELINE SUPPLY, INC. Principal Place of Business Mailing Address 4510 Prosperity Dr. P.O.Box 13420 Ft.Pierce, FL 34981 Ft.Pierce, FL 34981 3. Date Incorporated or Qualified 3a, Date of Last Report 1/20/78 4/19/96 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4510 Prosperity Dr. 26 P.O.Box 13420 65-0131954 Not Applicable 21 Suite, Apt. #, elc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Ft. Pierce. FL 34981 Added to Fees Ft.Pierce,FL 34981 8. This corporation has liability for intangible tax under s. 199.032. ^{Zip}34981 34981 soSt.Lucie ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo William E.Scott 82 Street Address (P.O. Box Number is Not Acceptable) 83 4510 Prosperity Dr. 84 City 85 Zip Code Ft. Pierce, FI, 34981

11. Pursuant to the provisions of Scctions 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 (NOTE Bog stered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRLCTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 🔲 DELETE 1.1 THUE Change Addition TITLE P/T/D <u>6</u> 002223277---06/25/97--01120--013 NAME 1.2 NAME William E.Scott STREET ADDRESS 1.3 STREET ADORESS 4510 Prosperity Drive ****165.00 ****165.00 CITY-ST-ZIP 1.4 CITY-ST-ZIP Fort Pierce, FL 34981 DELETE 2 1 TITLE Change ☐ Addition TITLE 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS City-ST-ZIP 2 4 CHY+ST-ZIP DELETE Change Addition TITLE 317418 NAME 3.2 NAME Norma L.Scott STREET ADDRESS 3.3 STREET ADDRESS 4510 Prosperity Drive CITY - ST - ZIP 3.4 CITY-S1-ZIP Fort Pierce, FL 34981 DELETE TITLE 4.1 10116 Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE 5 1 111LF Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP OFTE Change ____ Add-tion TITLE G 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(.), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or tribate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Lam an officer or direct appears in Block 12 of

June 6, 1997-561 465-257