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

FILED
SECRETARY OF STATE
95 FEB 14 A 11:50

DOCUMENT # **587136** **(3)**

1. Corporation Name
DIERCO SUPPLY CORPORATION OF JACKSONVILLE

Principal Place of Business	Mailing Address
6841 PHILLIPS PARKWAY DR. S. JACKSONVILLE FL 32256-1565	6841 PHILLIPS PARKWAY DR. S. JACKSONVILLE FL 32256-1565

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1978
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business 21
2a. Mailing Address 26

4. FEI Number: 59-1848689 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State 23
City & State 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 | Country 25
Zip 29 | Country 30

8. This corporation has initially by intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIERCKSEN, WILLIAM C
8412 SABAL INDUSTRIAL BLVD
TAMPA FL 33619

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
10 TITLE	STD	11 TITLE	☐ Change ☐ Addition
11 NAME	DIERCKSEN, WILLIAM C	12 NAME	
12 STREET ADDRESS	16505 EAST COURSE DR.	13 STREET ADDRESS	
13 CITY-ST-ZIP	TAMPA, FL 00000	14 CITY-ST-ZIP	
20 TITLE	V	21 TITLE	☐ Change ☐ Addition
21 NAME	LONGELL, LESLIE L	22 NAME	
22 STREET ADDRESS	805 WARREN ROAD	23 STREET ADDRESS	
23 CITY-ST-ZIP	LUTZ FL	24 CITY-ST-ZIP	
30 TITLE		31 TITLE	☐ Change ☐ Addition
31 NAME		32 NAME	
32 STREET ADDRESS		33 STREET ADDRESS	
33 CITY-ST-ZIP		34 CITY-ST-ZIP	
40 TITLE		41 TITLE	☐ Change ☐ Addition
41 NAME		42 NAME	
42 STREET ADDRESS		43 STREET ADDRESS	
43 CITY-ST-ZIP		44 CITY-ST-ZIP	
50 TITLE		51 TITLE	☐ Change ☐ Addition
51 NAME		52 NAME	
52 STREET ADDRESS		53 STREET ADDRESS	
53 CITY-ST-ZIP		54 CITY-ST-ZIP	
60 TITLE		61 TITLE	☐ Change ☐ Addition
61 NAME		62 NAME	
62 STREET ADDRESS		63 STREET ADDRESS	
63 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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 above, or on an attachment with an address.

SIGNATURE: William C. Dierckson
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR

1-30-95
DATE

813-621-5575
DAYTIME PHONE NUMBER

0021604 CP