FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Mar 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 677881 (5)DOUBLE H. SUPPLY, INC. Principal Place of Business Mailing Address 102 LANE AVENUE. SOUTH C/O HAROLD T. HUGGHINS 102 LANE AVENUE, SOUTH C/O HAROLD T. HUGGHINS DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32254 JÁCKSONVILLE FL 32254 US 3. Date Incorporated or Qualified 07/09/1980 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 5921 W. Beaver 59-2023340 28|5921 W· Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Jacksonville 28 Jacksonville Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip 32254 25 US 6 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HUGGHINS, HAROLD T. Harold 102 LANE AVENUE, SOUTH Street Address (P.O. Box Number is Not 5921 W. Bowler JACKSONVILLE FL 32254 Beaver 83 Zip Code 32254 acksonville 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Startes, 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 607.0008, Florida Statutes. Ourse ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change __ Addition TITLE 1.1 TITLE HUGGHINS, HAROLD T. 12 NAME NAME 5921 W. Beaver St. 102 LANE AVENUE, SOUTH 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32254 acksonville FL 32254 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE Milliams, Sharon 5921 W. Beaver St. NAME WILLIAMS, SHARON 22 NAME 102 LANE AVENUE SOUTH STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32254 Jacksonville, FL 32254 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change __ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition TITI F

14. 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 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 or the accurate and that my name appears in Block 12 or Block 13 if changed, or or the accurate and that my name appears in Block 12 or Block 13 if changed, or or the accurate and that my name appears in Block 12 or Block 13 if changed, or or the accurate and that my name appears in Block 12 or Block 13 if changed, or or the accurate and that my name appears in Block 12 or Block 13 if changed in the accurate and that my name appears in Block 12 or Block 13 if changed in the accurate and that my name appears in Block 12 or Block 13 if changed in the accurate and that my name appears in Block 12 or Block 13 if changed in the accurate and that my name appears in Block 12 or Block 13 if changed in the accurate and that my name appears in Block 12 or Block 13 if changed in the accurate and that my name accurate and SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

62 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP