

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 10:16
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 818124 (0)

1. Corporation Name

CRENSHAW SUPPLY COMPANY

Principal Place of Business

**200 MENDEL DR. S. W.
ATLANTA GEORGIA 30336**

Mailing Address

**P.O. BOX 43426
ATLANTA GA 30336**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/19/1964

3a. Date of Last Report
05/19/1994

4. FEI Number
58-0918456

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 S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1509, 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

Signature (hand or printed name of registered agent and title of corporation)

(NOTE: Registered Agent signature required when instituting)

13411

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SPIELBERG, SOL
STREET ADDRESS	200 MENDEL DR S W
CITY ST ZIP	ATLANTA, GA
TITLE	ST
NAME	CRENSHAW JR, WILLIAM P
STREET ADDRESS	200 MENDEL DR S W
CITY ST ZIP	ATLANTA, GA
TITLE	P
NAME	CRENSHAW, DAVID A
STREET ADDRESS	200 MENDEL DR S W
CITY ST ZIP	ATLANTA, GA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	☐ Change ☐ Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	☐ Change ☐ Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 110.07(3)(b), 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 registered agent or have been 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 on an attachment with an address.

SIGNATURE:

David A. Crenshaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/95
Date

(404) 691-1944
Telephone Number