2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 8:00 am Secretary of State DOCUMENT # 818124 CRENSHAW SUPPLY COMPANY 2-28-2001 90027 034 ***150.00 Principal Place of Business Mailing Address 200 MENDEL DR. S. W. P.O. BOX 43426 ATLANTA GEORGIA 30336 ATLANTA GA 30336 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-0918456 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition CR2E034 (10/00) ☐ Delete SPIELBERG, SOL NAME NAME 200 MENDEL DR S W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA, GA CITY-ST-ZIP ST ☐ Delete TITLE Change ■ Addition TITLE CRENSHAW JR. WILLIAM P NAME NAME 200 MENDEL DR S W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA, GA CITY-ST-ZIP Delete TITLE Change Addition TITLE CRENSHAW, DAVID A NAME NAME STREET ADDRESS 200 MENDEL DR S W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA ☐ Delete Change Addition TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE VOUCHER# TITLE ☐ Delete Change ☐ Addition TITLE VENDOR # __ NAME NAME DUE DATE STREET ADDRESS STREET ADDRESS D/A CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

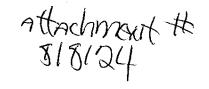
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowers 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 diher/like Empowersd.

SIGNATURE: X Nava C.C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01. (404) 6

Davime Phone #





February 13, 2001

CRENSHAW SUPPLY COMPANY 200 MENDEL DRIVE S.W. P.O. BOX 43426 ATLANTA, GA 30336

SUBJECT: CRENSHAW SUPPLY COMPANY

Ref. Number: 818124

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

Cathy Cave ANNUAL REPORTS SECTION

Director's Office

Letter number: 101A00008846