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

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Katherine Harris

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90018 019 ***150.00

 Corporation 	MENT # 837218 SINESS SUPPLY CO., INC.						ı
Principal Place	e of Business	Mailing Address			T I CONTROL FOR THE FOREST FROM THE BET	ills billen dillin diller ståte ander sant	
•		PO BOX 130					
PO BOX 130 CULLMAN AL 35056-0130		CULLMAN AL 35056-0130					
000000000000000000000000000000000000000					DO NOT WRITE IN TI	HIS SPACE	_
					3. Date Incorporated or Qualifed		l
				10/19/1976		4	
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	4
21		26		63-0520714	Not Applicable	3	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
22		27 City & State					\dashv
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23 Zin	Country	28	Country				-
Zip	25	2ip 3	¬ı ´		This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No	1
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Register		ヿ
	3. Name and Address of Guitent	registered Agent	81	Name			╗
CT (CORPORATION SYSTEM				(D.O. Barris III Accompany)	<u>,</u>	4
1200 S. PINE ISLAND ROAD			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83	t	•		٦
				O'h :		85 Zip Code	-
			84	City	F	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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	חג
NAME	EDWARDS, MORGAN		1.2 NAME				Í
STREET ADDRESS	1605 LAKEVIEW DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	CULLMAN AL		1.4 CITY+ST-ZIP				
TITLE	D	DELETE	2.1 TITLE			☐ Change ☐ Addition	חכ
NAME	DURBIN, MARSHALL JR.		2.2 NAME				ĺ
STREET ADDRESS	3125 INDEPENDENCE DR.		2.3 STREET ADDRESS				- {
CITY-ST-ZIP	BIRMINGHAM AL	<u> </u>	2.4 CITY-ST-ZIP				_
TITLE		☐ DELETE	3.1 TITLE			Change Addition)Ú
NAME			3.2 NAME				1
STREET ADDRESS			3.3 STREET ADDRESS				İ
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP				_
TITLE		☐ DELETE	4.1 TITLE			Change Addition	ן חכ
NAME			4. 2 NAME				- 1
STREET ADDRESS			4.3 STREET ADDRESS				ļ
CITY-ST-ZIP	• · · · · · · · · · · · · · · · · · · ·	<u> </u>	4.4 CITY-ST-ZIP			☐ Change ☐ Addition	_
πι.E	*	☐ DELETE	5.1 TITLE			☐ Change ☐ Addisc	ות
NAME	• -		5.2 NAME				- }
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE			☐ Change ☐ Addition	<u></u>
TITLE .	·	□ ner€ie	6.2 NAME				~ }
NAME				TANDRESS			
STREET ADDRESS			6.3 STREET ADDRESS				- [

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 on an attachment with an address, with All other like empowered.