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

APPROVED AND FILED
95 MAR 27 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 857799 (1)

1. Corporation Name
SUNBELT WHOLESALE SUPPLY CO., INC.

Principal Place of Business	Mailing Address
121 CLIMATE DR P.O. BOX 6254 PEARL MS [illegible]	121 CLIMATE DR P.O. BOX 6254 PEARL MS [illegible]

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/20/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: 64-0557745 ☐ 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): 39288-6254 Country (25):
Zip (29): 39288-6254 Country (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LINDSEY, DENNIS E.
506 GULF SHORE DRIVE, UNIT #618
DESTIN FL 32541

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, ROY H	1.2 NAME	
STREET ADDRESS	121 EASTHAVEN	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON MS	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, LINDA F	2.2 NAME	
STREET ADDRESS	121 EASTHAVEN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON MS	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	WATKINS, JOAN S	3.2 NAME	
STREET ADDRESS	1963 SHILOH RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON MS 39042	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, RICHARD W	4.2 NAME	
STREET ADDRESS	P O BOX 5484	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEARL MS 39288-5484	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	USRY, THOMAS S	5.2 NAME	
STREET ADDRESS	614 PINE RIDGE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLORENCE MS 39073	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE: Joan S. Watkins Joan S. Watkins, Treas. 3-22-95 601-939-8244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)