FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # 857799 (1)

1. Corporation Name

SUNBELT WHOLESALE SUPPLY CO., INC.

Principal Place of Business

121 CLIMATE DR
P.O. BOX 6254
PEARL MS 39288-6254
US

Mailing Address

121 CLIMATE DR
P.O. BOX 6254
PEARL MS 39288-6254
US

3. Date Incorporated or Qualified: **09/20/1983**

3a. Date of Last Report: **03/27/1995**

4. FEI Number: **64-0657745** [ ] 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 applicable taxes under s. 199.032, Florida Statutes. [ ] Yes [✓] No

2. Principal Place of Business
21
Suite, Apt. # 22
City & State 23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. # 27
City & State 28
Zip 29 County 30

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

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 607.1508, 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

12. OFFICERS AND DIRECTORS

Title	PD	[ ] Delete
Name	PARKER, ROY H	
Street Address	121 EASTHAVEN	
City St Zip	BRANDON MS	
Title	S	[ ] Delete
Name	PARKER, LINDA F	
Street Address	121 EASTHAVEN DR	
City St Zip	BRANDON MS	
Title	TD	[ ] Delete
Name	WATKINS, JOAN S	
Street Address	1963 SHILOH RD.	
City St Zip	BRANDON MS 39042	
Title	D	[ ] Delete
Name	SIMMONS, RICHARD W	
Street Address	P O BOX 5484	
City St Zip	PEARL MS 39288-5484	
Title	D	[ ] Delete
Name	USRY, THOMAS S	
Street Address	614 PINE RIDGE RD	
City St Zip	FLORENCE MS 39073	
Title		[ ] Delete
Name		
Street Address		
City St Zip		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 Title	[ ] Change	[ ] Addition
1 Name		
1 Street Address		
1 City St Zip		
2 Title	[ ] Change	[ ] Addition
2 Name		
2 Street Address		
2 City St Zip		
3 Title	[ ] Change	[ ] Addition
3 Name		
3 Street Address		
3 City St Zip		
4 Title	[ ] Change	[ ] Addition
4 Name		
4 Street Address		
4 City St Zip		
5 Title	[ ] Change	[ ] Addition
5 Name		
5 Street Address		
5 City St Zip		
6 Title	[ ] Change	[ ] Addition
6 Name		
6 Street Address		
6 City St Zip		

14. I declare, certify that the information supplied with this report is true, and does not qualify for the exemptions 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 with an address, as an officer or director, for the corporation identified.

SIGNATURE: Joan S. Watkins Joan S. Watkins 2-22-96 601-939-8244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)