

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

FILED
Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/20/1983	3a. Date of Last Report 03/05/1996
4. FEI Number 64-0657745	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25 Zip Country	30 Zip Country

9. Name and Address of Current Registered Agent LINDSEY, DENNIS E. 508 GULF SHORE DRIVE, UNIT #618 DESTIN FL 32541	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD PARKER, ROY H
STREET ADDRESS	121 EASTHAVEN
CITY-ST-ZIP	BRANDON MS
TITLE	<input type="checkbox"/> DELETE
NAME	S PARKER, LINDA F
STREET ADDRESS	121 EASTHAVEN DR
CITY-ST-ZIP	BRANDON MS
TITLE	<input type="checkbox"/> DELETE
NAME	TD WATKINS, JOAN S
STREET ADDRESS	1963 SHILOH RD.
CITY-ST-ZIP	BRANDON MS 39042
TITLE	<input type="checkbox"/> DELETE
NAME	D SIMMONS, RICHARD W
STREET ADDRESS	P O BOX 5484 - (N/A)
CITY-ST-ZIP	PEARL MS 39288-5484
TITLE	<input type="checkbox"/> DELETE
NAME	D USRY, THOMAS S
STREET ADDRESS	614 PINE RIDGE RD
CITY-ST-ZIP	FLORENCE MS 39073
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* 5-16-97 64-0657745

CP2E034 (9/96)