

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90005 001 ***550.00

DOCUMENT # 857799

1. Corporation Name

SUNBELT WHOLESALE SUPPLY CO., INC.

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1983

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARKER, ROY H	
STREET ADDRESS	121 EASTHAVEN	
CITY-ST-ZIP	BRANDON MS	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PARKER, LINDA F	
STREET ADDRESS	121 EASTHAVEN DR	
CITY-ST-ZIP	BRANDON MS	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WATKINS, JOAN S	
STREET ADDRESS	1963 SHILOH RD.	
CITY-ST-ZIP	BRANDON MS 39042	
TITLE	D	<input type="checkbox"/> DELETE
NAME	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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Simmons, Richard W.	
1.3 STREET ADDRESS	121 Climate Drive	
1.4 CITY-ST-ZIP	Pearl, Ms 39208	
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 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.

SIGNATURE:

Joan S. Watkins, Treasurer

5-26-99

601-939-8244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0549561