FILED 2007 FOR PROFIT CORPORATION Mar 01, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # F02000002999 03-01-2007 90014 042 ***150.00 Mailing Address

LANIER MUNICIPAL SUPPLY CO., INC. Principal Place of Business RT. 1 BOX 341 P.O. BOX 127 400-LAKELAND, GA 31635 LAKELAND, GA 31635 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 CR2E034 (12/06) Cha-P City & State Applied For City & State 4. FEI Number 58-1370500 Not Applicable Zin Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, DICK Street Address (P.O. Box Number is Not Acceptable) 126 W 34TH COURT PANAMA CITY, FL 32405 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PCEO Addition TITLE ☐ Change Delete TITLE CORBETT, RICHARD W NAME NAME STREET ADDRESS 1 CRESTWOOD PLACE EAST STREET ADDRESS CITY-ST-ZIP VALDOSTA, GA CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Bridget w. Corbett I crestwood Place East CORBETT, BRIDGET W NAME NAME STREET ADDRESS 1 CRESTWOOD PLACE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALDOSTA, GA saldosta GA 31602 **VCFO** TITLE ☐ Delete Addition Beffy B. Watson NAME WATSON, BETTY B RT. 1 BOX 341 STREET ADDRESS STREET ADDRESS Lakeland, GA 31635 LAKELAND, GA 31635 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FICER OR DIRECTOR