

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F06000000589 1. Entity Name WITTICHEN SUPPLY COMPANY, INCORPORATED				 <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="text-align: right; font-weight: bold;">07 OCT 17 PM 4:54</div> <div style="text-align: right; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 1600 3RD AVENUE SOUTH BIRMINGHAM, AL 35233		Mailing Address 1600 3RD AVENUE SOUTH BIRMINGHAM, AL 35233			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 63-0369255	
6. Name and Address of Current Registered Agent STONE, STEVEN G 4025 NORTH PALAFOX ST PENSACOLA, FL 32505				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		STEVEN G. STONE		10-10-07 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HENDERSON, DAVID P 3116 GUILFORD ROAD BIRMINGHAM, AL 35223 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-weight: bold; font-size: 1.2em;">800110870068</div> <div style="text-align: center;">10/17/07--01003--006 **150.00</div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, JULIA W PO BOX 250 WESTOVER, AL 35185 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISRAEL, LINDA W 32 FAIRWAY DR BIRMINGHAM, AL 35213 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HENDERSON, IVY W 3116 GUILFORD ROAD BIRMINGHAM, AL 35223 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DAVID P. HENDERSON		10-5-2007 <small>DATE</small>	
				205-251-8500 <small>Daytime Phone #</small>	