FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 AUG -7 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F93000001606 (3)**

1. Corporation Name
GREENWOOD MCDONALD SUPPLY, INC.

Principal Place of Business	Mailing Address
2501 WEST HILLSBORO BLVD. SUITE #104 DEERFIELD BEACH FL 33442	2501 WEST HILLSBORO BLVD. SUITE #104 DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1993	3a. Date of Last Report: 03/23/1994
4. FEI Number: 25-1688308	☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1910 NW 44 St	26 1910 NW 44 St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Pompano, FL	28 City & State: Pompano, FL
24 Zip: 33064 25 Country	29 Zip: 33064 30 Country

9. Name and Address of Current Registered Agent

ADAMS, PAUL
2501 W. HILLSBORO BLVD., SUITE #104
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name: Adams, Paul
82 Street Address (P.O. Box Number is Not Acceptable): 1910 N.W 44 St
83 ~~Pompano~~
84 City: Pompano FL 85 Zip Code: 33064

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	☐ Change ☐ Addition
NAME	GRENWOOD, L C	12 NAME	
STREET ADDRESS	329 DALLAS AVENUE	13 STREET ADDRESS	
CITY ST ZIP	PITTSBURGH PA 15208	14 CITY ST ZIP	
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	ADAMS, PAUL	22 NAME	Adams, Paul
STREET ADDRESS	2501 W. HILLSBORO BLVD., SUITE #104	23 STREET ADDRESS	1910 NW 44 St
CITY ST ZIP	DEERFIELD BEACH FL 33442	24 CITY ST ZIP	Pompano, FL 33064
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	VIGNONE, ANTHONY	32 NAME	
STREET ADDRESS	2501 W. HILLSBORO BLVD., SUITE #104	33 STREET ADDRESS	Delete
CITY ST ZIP	DEERFIELD BEACH FL 33442	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 8-2-95 305-973-3831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0266516 CP