

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000005722

1. Entity Name
SOUTHERNTIER INDUSTRIAL SUPPLY, INC.



Principal Place of Business

1105 TALKING ROCK RD
STE B
JASPER, GA 30143

Mailing Address

P O BOX 952
JASPER, GA 30143

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1999804 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WERTH, HELEN E
701 XANADA PLACE
JUPITER, FL 33471

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000100416
04/01/04-800006-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WERTH, THOMAS L
STREET ADDRESS	110 COVE HILLS DR
CITY-ST-ZIP	JASPER, GA 30143
TITLE	S
NAME	WERTH, BARBARA J
STREET ADDRESS	110 COVE HILLS DR
CITY-ST-ZIP	JASPER, GA 30143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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: Thomas L. Werth THOMAS L. WERTH 3-29-04 253-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #