

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002635 (0)

1. Corporation Name

THE UTILITY SUPPLY GROUP, INC.



Principal Place of Business

Mailing Address

200 HWY 6 WEST
SUITE 620
WACO TX 76712
US

PO BOX 8328
~~SUITE 210~~
WACO TX 76714
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/20/1994

3a. Date of Last Report

04/14/1995

4. FEI Number

58-2101016

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

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

(NOTE: Registered Agent Signature required when restoring g)

DATE:

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HORNISH, HARRY K
STREET ADDRESS 200 HWY 6 WEST, SUITE 620
CITY-STATE-ZIP WACO TX ☐ DELETE

TITLE V
NAME JORDAN, MICKEY
STREET ADDRESS 200 HWY 6 WEST, SUITE 620
CITY-STATE-ZIP WACO TX ☐ DELETE

TITLE ST
NAME SLAUGHTER, MECHELLE
STREET ADDRESS 200 HWY 6 WEST, SUITE 620
CITY-STATE-ZIP WACO TX ☐ DELETE

TITLE CD
NAME DAVIES, WILLIAM A
STREET ADDRESS 12 PIEDMONT CENTER
CITY-STATE-ZIP ATLANTA GA ☐ DELETE

TITLE ASD
NAME MCLEAN, BART A
STREET ADDRESS 12 PIEDMONT CENTER
CITY-STATE-ZIP ATLANTA GA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(k), 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:

Mechelle L Slaughter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MECHELLE L SLAUGHTER

3-22-96

(817) 772-5355
Date Daytime Phone #

CR2E034 (12/95)