SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9400003997 (3)

FILED Jul 22 1998 8:00am Secretary of State

RENFROW SUPPLY, INC. Principal Place of Business Mailing Address P.O. BOX 6784 P.O. BOX 6784 JACKSON MS 39212 JACKSON MS 39212 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/01/1994 2a. Mailing Address (6) PO Box 2. Principal Place of Business 4. FEI Number Applied For 6819 26 21 64-0721378 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing MS JACKSON 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 Name 1200 S. PÍNE ISLAND RD. 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 8.4 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ΡĎ TITLE 1.1 TITLE DELETE Change Addition RENFROW, CHARLES W NAME 1.2 NAME 5650 TERRY RD. STREET ADDRESS 1.3 STREET ADDRESS JACKSON MS 39212 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 217ITLE DELETE. Change Addition RENFROW, CHARLES JR NAME 2.2 NAME 1345 DAVIS RD. 2.3 STREET ADDRESS STREET ADDRESS JACKSON MS 39170 CITY-ST-ZIP 2.4 CITY-ST-ZiP STD TITLE 3.1 TITLE Change DELETE Addition RENFROW, CHARLENE G NAME 3.2 NAME 5650 TERRY RD. STREET ADDRESS 3.3 STREET ADDRESS JACKSON MS 39212 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE __ DELETE Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. 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 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 HAMENEG RENFROW an attachment with an address

ALLED Box Hear

CR2E034 (5/98)