

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90050 028 ***158.75

DOCUMENT # F94000004571

1. Entity Name
J. SUPPLY CO.

Principal Place of Business

**PO BOX 5464
 ROME GA 30162-5464**

Mailing Address

**PO BOX 5464
 ROME GA 30162-5464**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1047836

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHERMER, CHARLES L
 U.S. HWY 1 NORTH
 PLANTATION FL 32046**

CHANGE

Name

MARY ANN DAVIS

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

541724 US HWY 1

City

HILLIARD

FL

Zip Code

32046

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.

SIGNATURE

Mary Ann Davis

MARY ANN DAVIS

1-26-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
 NAME **ROBBINS, A FREEMAN**
 STREET ADDRESS **44 DOVER DR.**
 CITY-ST-ZIP **ROME GA 30161**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **ROGERS, RHETT L**
 STREET ADDRESS **481 LOVELL RD**
 CITY-ST-ZIP **ROME GA 30161**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **JONES, JOEL**
 STREET ADDRESS **304 EAST 2ND AVENUE**
 CITY-ST-ZIP **ROME GA 30161**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **SELF, JOHN G**
 STREET ADDRESS **214 ROLLING OAK DRIVE**
 CITY-ST-ZIP **ROME GA 30165**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **DULANEY, ALLYSON R**
 STREET ADDRESS **306 BRANSON RD**
 CITY-ST-ZIP **ROME GA 30161**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *A. Freeman Robbins* **PRESIDENT**
A. FREEMAN ROBBINS **1-25-02 706-235-3321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004571

Name
PLY CO.

Place of Business
4
30162-5464

Mailing Address
PO BOX 5464
ROME GA 30162-5464

Place of Business
3. Mailing Address

Apt. #, etc.
Suite, Apt. #, etc.

State
City & State

Country
Zip
Country

4. FEI Number 58-1047836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERMER, CHARLES L
S. HWY 1 NORTH
ANTATION FL 32046

Name
MARY ANN DAVIS
Street Address (P.O. Box Number is Not Acceptable)
2815 NORTH KINGS RD
City
HILLIARD FL Zip Code
32046

ove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

RE Mary Ann Davis MARY ANN DAVIS OFFICER 1-24-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

orporation is eligible to satisfy its Intangible
ing requirement and elects to do so.
riteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PC REEVES, J B 1187 HERMITAGE ROAD ROME GA 30161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PC A. FREEMAN ROBBINS 44 DOVER DR. ROME GA. 30161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST JONES, JOEL L 304 EAST 2ND AVENUE ROME GA 30161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V.P. RHETT L. ROGERS 481 LOVELL RD. ROME GA. 30161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D JONES, JOEL 304 EAST 2ND AVENUE ROME GA 30161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP S.T. ALLYSON R. DULANEY 306 BRANSON RD ROME GA. 30161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD SELF, JOHN G 214 ROLLING OAK DRIVE ROME GA 30165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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d 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
orporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
d, or on an attachment with an address, with all other lie empowered.

SIGNATURE: A. Freeman Robbins PRESIDENT A. FREEMAN ROBBINS 1-24-01 706 235-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

0579588

CR2F034 (10/00)

Attachment

F94000045-71

240234

Note:

Please see copy of last year's form with changes to be made — Some of these changes were not made.

Please change registered agent and note deletions of officers & directors.

Thank you!