FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600004990 (5)

UTILITY SUPPLY & EQUIPMENT CORPORATION

Principal Place of Business Mailing Address 4001 INDUSTRY DR 4001 INDUSTRY DR CHATTANOOGA TN 37416-3812 CHATTANOOGA TN 37416

FILED Jan 23 1997 8:00am Secretary of State



					3. Date incorporated or Qualified 3a. Date of Last Report 09/27/1996			
2. Principa	Place of Business	2a, Mailing Address			4. FEI Number		A !	
		26	~ 1		ł .		Applied For	
		Suite, Apt #, etc	tc		58-1146115		Not Applicable	
27		27			5. Certificate of Status Desired	1 1 '	\$8.75 Additional Fee Required	
City & Sta	de	City & State			6. Election Campaign Financing	\$5.0	O May Be	
23		28			Trust Fund Contribution	ebbA 🔲	d to Fees	
Z₁p	Country	Ζιρ	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24					Florida Statutes Yes No			
	9. Name and Address of Currer				10. Name and Address of New Re	jistered Agent		
CORPORATION SERVICE COMPANY				81 Name				
1201 HAYS STREET TALLAHASSEE FL 32301-2525				Street Add	dress (P.O. Box Number is Not Acceptable)			
				Circocrido				
			<u></u>					
			84	City		FL 85 Zij	p Code	
11 Purement	to the rangeions of Sections 607 050	12 and 607 1508 Florida Stat	utos the abov	n named oor	poration submits this statement for the p			
office or	registered agent or both, in the State	rot Florida. Such change was	s authorized b	v the corpora	poration submits this statement for the patients board of directors. I hereby accep	arpose or changing it the appointment r	as registered	
agent Li	am familiar with land accept the oblig	ations of, Section 607.0505, F	Florida Statute	S.	•			
SIGNATURE								
40	Segmentize type and promoding the college street a p			ent signature requi	ired when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC			
THTLE	PD	L DELETE	1.1 TITLE			Change	B ∐ Addition	
NAME	WATTS, JEFF		1.2 NAME					
STREET ADDRESS	1001 110001111 011		1.3 STREE	T ADDRESS				
CITY ST. ZIF	CHATTANOOGA TN 37416		1.4 CITY -:	ST - ZIP			į	
TITLE	S	DELETE	21 TITLE			☐ Change	Addition	
NAME	CALHOUN, GAIL		2 2 NAME					
STREET ADDIRESS	4001 INDUSTRY DR		2 3 STREE	T ADDRESS			[
CITY ST 20F	CHATTANOOGA TN 37416		2. 4 CITY-	St. 71P				
TITLE	T	DELETE	31 TITLE	OT EII		Change	e Addition	
NAME	WOODALL, BILLY J		3.2 NAME			Shange	, togmon	
	1444 (115) (45)							
STREET ADDRESS				T ADDRESS				
CITY ST-ZIF	CHATTANOOGA TN 37416	Desert	3 4. CITY-	ST-ZIP		Fla		
TOTALE	AS DECKMAN MENNETH C	DELETE	4 1 TITLE			∐ Change	Addition	
NAME	BECKMAN, KENNETH C		4 2 NAME				İ	
STREET ADORESS			4.3 STREE	T ADDRESS				
CITY-ST ZIP	CHATTANOOGA TN 37450-18		4.4 CITY-:	ST-7IP				
TITLE		DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CHY ST ZIP			5.4 CITY-	i				
THLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME			shange		
STREET ADURESS				, voodetee				
				T ADDRESS				
CITY-ST-ZIF	bbu carlib hat the adequates a	or with time filing along and	6.4 CITY-1		25 0 0 0 0 0 0 0 0 0 0 0			
informati	aby certify that the information supplies on indicated on this aroual report or s	o wan this filing does not qua supplemental appual report is	amy for the exe	emption state	d in Section 119.07(3)(i), Florida Statutes	s. I further certify the	at the	

Tam 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