

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000006375

1. Entity Name
G & C SUPPLY CO., INC.



Principal Place of Business
P.O. DRAWER 459
ATWOOD, TN 38220-0459

Mailing Address
P.O. DRAWER 459
ATWOOD, TN 38220-0459



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0912993 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLEY, BEN L
154 HICKORY AVE.
CRESTVIEW, FL 32536

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000387185
01/19/06-80027-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	GREENWAY, KAY E
STREET ADDRESS	300 LAKESIDE LANE
CITY - ST - ZIP	TREZEVANT, TN 38258
TITLE	STD
NAME	BURTON, GINA G
STREET ADDRESS	360 LAKESIDE LANE
CITY - ST - ZIP	TREZEVANT, TN 38258
TITLE	VD
NAME	SHAW, THOMAS O
STREET ADDRESS	255 ADAMS ST
CITY - ST - ZIP	MC LEMOESVILLE, TN 38235
TITLE	D
NAME	DOWDY, PAMELA G
STREET ADDRESS	1000 OLD TREZEVANT RD
CITY - ST - ZIP	TREZEVANT, TN 38258
TITLE	D
NAME	FOSTER, STEPHEN B
STREET ADDRESS	554 ATWOOD ST
CITY - ST - ZIP	TREZEVANT, TN 38258
TITLE	D
NAME	MCCLAIN, GREGORY M
STREET ADDRESS	330 JOHNSON ST.
CITY - ST - ZIP	TREZEVANT, TN 38258

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06

Date

731-662-7197

Daytime Phone #