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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700006325

PALEX, INC.

Principal Place of Business

240 E. MAIN STREET BARTOW FL 33830 Mailing Address

240 E. MAIN STREET BARTOW FL 33830

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90040 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

12/02/1997

2. Principal Pl	ace of Business 2a. Mailing Address				4. FEI Number	Apr	olied For	
21	26		_		76-0520673	Not	Applicable	
Suite, Apt.	te, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
22	transfer to the state of the second	27		-	J. Certificate of Glatob Dodings .	Fee Rec	uired	
City & State	е	City & State			6. Election Campaign Financing	\$5.00	, ,	
23		28			Trust Fund Contribution	Added to	Fees	
Zip	CountryZipC				8. This corporation owes the current year Into		_	
24	25 29 30			Tersonal Troperty Tex.			□No	
	9. Name and Address of Current	l Registered Agent	81	•	10. Name and Address of New Registered	lgent		
AIDAL CEDITORO INC				Name	•			
NRAI SERVICES, INC.				Street Add	dress (P.O. Box Number is Not Acceptable)			
526 EAST PARK AVENUE TALLAHASSEE FL 32301				83				
	•			,	FL .	[]		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above	-named cor	rporation submits this statement for the purpose of	changing its	registered	
office or re agent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligat	ון רוסווסם. Such change was auth ions of, Section 607.0505, Florid	юпzеа by t a Statutes.	me corpora	tion's board of directors. I hereby accept the appoin	ment as reg	jistorou	
·		,			•		ļ	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Agen	t signature requi	ired when reinstating) DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	P	DELETE	1.1 TITLE	1	PRESIDENT	Change	Addition	
NAME	HOLLAND, JR A 5		1.2 NAME	1	JOSEYH CAUZ			
STREET ADDRESS	240 E MAIN ST.		1.3 STREET	ADDRESS		WITE B	00	
CITY-ST-ZIP	BARTOW FL		1.4 CITY-S1	-ZIP	HOUSTON, TX			
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	RHYNE, EDWARD		2.2 NAME					
STREET ADDRESS	1360 POST OAK BLVD STE 800	0	2.3 STREET	ADDRESS				
CITY-ST-ZIP	HOUSTON TX		2.4 CITY-S	T-ZIP		. ~	-	
TITLE	The second secon		3,1 TITLE		,	Change	Addition	
NAME	I		3.2 NAME	-				
STREET ADDRESS	240 E MAIN STREET		3.3 STREET	ADDRESS				
CITY-ST-ZIP	BARTOW FL		3.4. CITY-S	1				
TITLE		☐ DELETE	4.1 TITLE		And the second s	Change	Addition	
NAME		_	I	1				
			4. 2 NAME	1				
STREET ADMINERED			4.2 NAME 4.3 STREET	ADORESS	,			
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP		☐ DELETE	4.3 STREET 4.4 CITY+ST		,	Change	☐ Addition :	
CITY-ST-ZIP TITLE		☐ DELETE	4.3 STREET		,	Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	!	☐ DELETE	4.3 STREET 4.4 CITY- ST 5.1 TITLE 5.2 NAME	ZIP		☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS:	!	☐ DELETE	4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS		☐ Change	Addition:	
CITY-ST-ZIP TITLE NAME STREET ADDRESS: CITY-ST-ZIP			4.3 STREET 4.4 CITY- ST 5.1 TITLE 5.2 NAME	ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	!	☐ DELETE .	4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	ADDRESS		Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	!		4.3 STREET 4.4 CITY- ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY- ST 6.1 TITLE 6.2 NAME	ADDRESS ZIP				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	!		4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	ADDRESS -ZIP ADDRESS				

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

941 538 1148 Daytime Phone # -- CR2E034 (11/9