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Secretary of State

06-04-1999 90010 033 ***558.75

PROFIT -CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006699

1. Corporation Name

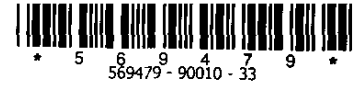
SDP Supply Company, Inc.

Principal Place of Business

325 John Knox Road
Bldg. M, Suite 100
Tallahassee, FL 32303

Mailing Address

P. O. Box 3030
Tallahassee, FL 32315-3030



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
December 11, 1997

4. FEI Number
59-3491550

Applied For
Not Applicable

5. Certificate of Status Desired ☒ XXX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation
1200 S. Pine Island Road
Plantation, FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Co-Chairman of the Board ☐ DELETE
NAME Wayne M. Rogers
STREET ADDRESS 325 John Knox Road, Bldg. M, Suite 100
CITY-ST-ZIP Tallahassee, FL 32303

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

SEE INFORMATION AT LEFT ☐ Change ☐ Addition

TITLE Co-Chairman of the Board ☐ DELETE
NAME W. Clay Hamner
STREET ADDRESS 325 John Knox Road, Bldg. M, S-100
CITY-ST-ZIP Tallahassee, FL 32303

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SEE INFORMATION AT LEFT ☐ Change ☐ Addition

TITLE President ☒ DELETE
NAME Brad Jenkins
STREET ADDRESS 325 John Knox Road, Bldg. M, S-100
CITY-ST-ZIP Tallahassee, FL 32303

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

EXEC. VICE PRESIDENT
Jim Card
325 JOHN KNOX ROAD Bldg. M
TALLAHASSEE, FL 32303 ☐ Change ☒ Addition

TITLE Secretary & Treasurer ☒ DELETE
NAME Mr. Wayne Boone
STREET ADDRESS 325 John Knox Road, Bldg. M, S-100
CITY-ST-ZIP Tallahassee, FL 32303

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

EXEC. VICE PRESIDENT
C. ALAN BENTLEY
325 JOHN KNOX ROAD
TALLAHASSEE, FL 32303 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

SECRETARY / TREASURER
J. KEVIN BEASLEY
325 JOHN KNOX ROAD
TALLAHASSEE, FL 32303 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:  J. KEVIN BEASLEY

6/3/99

Date

Daytime Phone #

CR2E034 (11/98)