FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # J46175 (2)

1. Corporation Name
WIRE PRODUCTS SUPPLY CORPORATION

Principal Place of Business	Mailing Address
RT. 2, BOX 1115 ~~P.O. BOX 80~~ CLEWISTON FL 33440	RT. 2, BOX 1115 ~~P.O. BOX 96~~ CLEWISTON FL 33440

3. Date Incorporated or Qualified: 12/09/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21: P.O. Box 821466
2a. Mailing Address — 26: P.O. Box 821466

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:

City & State — 23: So Florida, FL
City & State — 28: So. Florida, FL.

Zip — 24: 33082-1466
Country — 25: Broward
Zip — 29: 33082-1466
Country — 30: BROWARD

4. FEI Number: 59-2755808 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOST, LAWRENCE
RT. 2, BOX 1115
PIONEER PLANTATION
CLEWISTON FL 33440

ADDRESS CHANGED BELOW #13

10. Name and Address of New Registered Agent

81 Name: ~~SOST, LAWRENCE~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~9461 Palm Circle South~~
83:
84 City: ~~Pembroke Pines~~ FL — 85 Zip Code: ~~33025~~

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: Lawrence C. Sost — 4/20/95
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	P	1.1 TITLE	☒ Change ☐ Addition
NAME	SOST, LAWRENCE C.	1.2 NAME	
STREET ADDRESS	RT. 2,BOX 1115	1.3 STREET ADDRESS	9461 Palm Circle South
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33025
TITLE	VST	2.1 TITLE	☒ Change ☐ Addition
NAME	SOST, MELODY D.	2.2 NAME	
STREET ADDRESS	RT. 2,BOX 1115	2.3 STREET ADDRESS	9461 Palm Circle South
CITY-ST-ZIP	CLEWISTON FL	2.4 CITY-ST-ZIP	Pembroke Pines, FL 33025
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Melody D. Sost — 4/20/95 — 305-435-9451
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0437796 FP