AMOUNT DUE ON OR BEFORE 5/1/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # K06653 (5)

1. Corporation Name
FACILITY SUPPLY, INC.

Principal Place of Business	Mailing Address
5340 NW 161 ST MIAMI FL 33014 US	5340 NW 161 ST MIAMI FL 33014 US

7. Date Incorporated or Qualified: 12/14/1987
7a. Date of Last Report: 06/22/1995
4. Fei Number: 65-0053587 (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 Fee
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

GOLDMAN, DAVID E.
2630 NE 203RD ST
SUITE 103
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

61 Name: Chris Pence
62 Street Address (P.O. Box Number is Not Acceptable): 2630 NE 203Rd St
63: Suite 103
64 City: North Miami Beach FL 65 Zip Code: 33180

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: Christopher L Pence — 8/5/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when amending) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOLDMAN, PAUL 1000 NE 214TH TERRACE NORTH MIAMI BCH FL	☒ DELETE	13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP	Director Terry Randolph 3533 west Lake Drive Martinez GA 30907 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COHEN, GARY 21232 HARBOR WAY #203 NORTH MIAMI BEACH FL	☐ DELETE	23 TITLE / 23 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Director Fred Perkins III 485 west Matheson Drive Key Biscayne, FL 33149 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COHEN, ROSEANN 21232 HARBOR WAY #203 NORTH MIAMI BEACH FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Secretary + Treasurer Chris Pence 430 Park 20 West Dr Grovetown, GA 30813 — ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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***225.00

CR2E034 (3/96)

14. I 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christopher L Pence — 8/5/96 — 706 868-1595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 8/9/96