FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K58529** **(4)**

1. Corporation Name
SOUTHERN CRATING SUPPLY, INC.

Principal Place of Business
% GARY B. TOLLE
2420 N. ANDREWS AVE., EXT.
POMPANO BEACH FL 33064

Mailing Address
% GARY B. TOLLE
2420 N. ANDREWS AVE., EXT.
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified: **01/17/1989**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **65-0092822** — Applied For / N/A 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 is subject to 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
TOLLE, GARY B.
1401 N.E. 41ST ST.
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent
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 Section 607.0505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	TOLLE, GARY B.
STREET ADDRESS	950 PONCE DE LEON RD #103
CITY-ST-ZIP	BOCA RATON FL
TITLE	VP ☐ DELETE
NAME	DEJULIO, GLENN M.
STREET ADDRESS	5300 N.E. 24TH TERR#213
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I do hereby certify that the information supplied on this Florida Profit Corporation Annual Report, including but not limited to the designation of the registered agent, 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 other person authorized to execute this report pursuant to Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is entered in Block 14 if I am a new officer or director adding my name to the list.

SIGNATURE: (X) _____ 1/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

950429009 9 30

CR2E034 (12/95)