2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P02000056425 04-26-2004 91005 001 ***150.00 TDC SUPPLY, INC. Principal Place of Business Mailing Address C/O 1515 UNIVERSITY DR #114 C/O 1515 UNIVERSITY DR #114 CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 32-0017086 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent.... 6. Name and Address of Current Registered Agent Name PEPPER, GERALD M Street Address (P.O. Box Number is Not Acceptable) C/O 1515 UNIVERSITY DR #114 CORAL SPRINGS, FL 33071 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Sonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 7/TLE Delete Change Addition TITLE McComas, Lisa 23152 Marsh Landing Blvd CHANDLER, LISA NAME 23152 MARK LANDING AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP Estero, FL 33928 Delete Change Change ☐ Addition TITLE TITLE Goodwin, Sarah 23152 Marsh Landings Blyd GOODWIN, SARA NAME STREET ADDRESS 23152 MARK LANDING AVE. STREET ADDRESS Estero, FL 33928 CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP TITLE Change - Addition TITI F . Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NASAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP formation supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Asupplemental 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 exerciser or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if thereby certify that the indicated on this reporte of the corporation or the

FILED