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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 AM 8:39

DOCUMENT # P03325 (8)

1. Corporation Name
SERVICE SUPPLY SYSTEMS, INC.

Principal Place of Business	Mailing Address
2501 E 13TH AVENUE P.O. BOX 749 CORDELE GA 31015	2501 E 13TH AVENUE P.O. BOX 749 CORDELE GA 31015

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/11/1984
3a. Date of Last Report: 02/04/1994

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)

4. FEI Number: 58-1328487 ☐ 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

BLANTON, ROBERT V.
301 S.W. 33RD AVE.
OCALA FL 32670

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when qualifying)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	Delete	☒ Change ☐ Addition
NAME	KRAUSE, W.G.	12 NAME		
STREET ADDRESS	819 E 19TH AVE	13 STREET ADDRESS		
CITY-ST-ZIP	CORDELE GA	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	DAVENPORT, G. BRUCE	22 NAME		
STREET ADDRESS	HIGHWAY 5	23 STREET ADDRESS	198 VALHALLA RD	
CITY-ST-ZIP	HALEYVILLE AL	24 CITY-ST-ZIP	CORDELE GA	
TITLE	D	31 TITLE	Delete	☒ Change ☐ Addition
NAME	ODOM, J.W.	32 NAME		
STREET ADDRESS	RT 1	33 STREET ADDRESS		
CITY-ST-ZIP	CORDELE GA	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	WHITESIDE, CECIL	42 NAME		
STREET ADDRESS	RT 2	43 STREET ADDRESS		
CITY-ST-ZIP	CORDELE GA	44 CITY-ST-ZIP		
TITLE	STD	51 TITLE		☐ Change ☐ Addition
NAME	ZOLKOWSKI, J.F.	52 NAME		
STREET ADDRESS	801 E 27TH AVE	53 STREET ADDRESS		
CITY-ST-ZIP	CORDELE GA	54 CITY-ST-ZIP		
TITLE	PD	61 TITLE	C, P & D	☒ Change ☐ Addition
NAME	HUNT, C.M.	62 NAME		
STREET ADDRESS	OGBURN ROAD	63 STREET ADDRESS		
CITY-ST-ZIP	CORDELE GA	64 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)(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.

SIGNATURE: Joseph F. Zolkowski JAN 13, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(912) 273-1112
Daytime Phone #

0400700 FN