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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P04683** (9)

1. Corporation Name
PONSELL SUPPLY COMPANY

Principal Place of Business: **2200 COOK DR. DORAVILLE GA 30340**
Mailing Address: **2200 COOK DR. DORAVILLE GA 30340**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/17/1985**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **58-1296193**
Applied For: 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 ad valorem tax under § 199.012, Florida Statutes. Yes No

2. Principal Place of Business: **2200 COOK DR. DORAVILLE GA 30340**
2a. Mailing Address: **2200 COOK DR. DORAVILLE GA 30340**
22. State: Apt. # etc.: **GA**
27. State: Apt. # etc.: **GA**
23. City & State: **DORAVILLE GA**
28. City & State: **DORAVILLE GA**
24. City: **DORAVILLE** 25. County: **DORAVILLE** 29. City: **DORAVILLE** 30. County: **DORAVILLE**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address (P.O. Box Number if Not Applicable): _____
83. City: _____
84. City: _____ FL 85. Zip Code: _____

11. Pursuant to the provisions of Sections 607.01(4) and 607.1509, 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 607.1509, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

1. TITLE	V
2. NAME	BOOZER, RUSSELL W.
3. STREET ADDRESS	2200 COOK DR.
4. CITY & STATE	DORAVILLE GA
5. TITLE	SD
6. NAME	HILL, B. HARVEY, JR.
7. STREET ADDRESS	35 BROAD STREET
8. CITY & STATE	ATLANTA GA
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '94

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and complies with the requirements stated in Section 130.01(2)(b), Florida Statutes. I further certify that the information included 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 registered agent 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 of this report. My term of office is _____.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95
SECRETARY OF STATE