

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
05-27-2002 90293 024 \*\*\*150.00

1. Entity Name  
**PONSELL SUPPLY COMPANY**

2200 COOK DR.  
DORAVILLE GA 30340

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DORAVILLE GA 30340

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Zip

Country

**58-1296193**

Not Applicable
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**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name	
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Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**9.** This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	V	<input type="checkbox"/> Delete
NAME	BLACKBURN, JOHN T	
STREET ADDRESS	2200 COOK DR	
CITY-ST-ZIP	DORAVILLE GA	

TITLE	SD	<input type="checkbox"/> Delete
NAME	HILL, B.HARVEY, JR.	
STREET ADDRESS	35 BROAD STREET	
CITY-ST-ZIP	ATLANTA GA	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
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CITY - ST - ZIP	

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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SEALING REQUIRED

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (9/01)