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 # **P13148** **(2)**

1. Corporation Name

SERVICE SUPPLY CO., INC. OF INDIANA

Principal Place of Business	Mailing Address
603 E. WASHINGTON STREET INDIANAPOLIS IN 46204	603 E. WASHINGTON STREET INDIANAPOLIS IN 46204

3. Date Incorporated or Qualified: **02/06/1987**

3a. Date of Last Report: **05/01/1995**

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: **35-0918407** ☐ 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

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 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

Signature, typed or printed name of filing corporate officer and title, if any (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SEITZ, E.C. JR.		1.2 NAME		
STREET ADDRESS	6355 OLD ORCHARD RD.E.		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OWINGS, F.N. JR.		2.2 NAME		
STREET ADDRESS	4909 NORTH MERIDIAN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WAHL, EDIE A.		3.2 NAME		
STREET ADDRESS	4909 N MERIDAN ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARTINSVILLE IN		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SEITZ, E.C. III		4.2 NAME		
STREET ADDRESS	4954 BRIARWOOD TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	CARMEL IN		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DE LORA, C.A.		5.2 NAME		
STREET ADDRESS	507 OAK BLVD. S. DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	GREENFIELD IN		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: Edie A. Wahl/Secretary *Edie A. Wahl* April 26, 1996 (317) 638-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #