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FILED  
Feb 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P21072 (4)  
1. Corporation Name  
SHORT & PAULK SUPPLY COMPANY

Principal Place of Business  
710 SOUTH MAIN STREET  
PO BOX 148  
TIFTON GA 31794

Mailing Address  
710 SOUTH MAIN STREET  
PO BOX 148  
TIFTON GA 31794



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/27/1988

4. FEI Number  
58-0627731

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SHORT, J.P., IV  
STREET ADDRESS 710 SOUTH MAIN ST.  
CITY-ST-ZIP TIFTON GA

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE S  
NAME CARPENTER, PRISCILLA  
STREET ADDRESS RT. 6, BOX 795  
CITY-ST-ZIP TIFTON GA

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME SHORT, J.P., III  
STREET ADDRESS 710 SOUTH MAIN ST.  
CITY-ST-ZIP TIFTON GA

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied in this report is true and correct. I further certify that the information indicated on this annual report or supplement is true and correct. I am the registered agent of the corporation or the officer or director of the corporation or the person who has been authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or on an addition or change to Block 13 if applicable.

SIGNATURE

*[Signature]*

*[Signature]*

CR2E034 (10/97)